Alaska's Maternal Health Landscape

AUGUST 2025

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This report represents a snapshot in time, acknowledging that maternity care services and providers are continually evolving in response to community needs, resources, and a fluctuating market. It offers our best effort to capture the available services and data at the time of writing. The recommendations are informed by insights and experiences shared by individuals working throughout Alaska's maternity care system. The information contained in this report does not represent the views of the State of Alaska or the Alaska Hospital & Healthcare Association (AHHA).

The primary interviewers and writers of the report were Jeannie Monk, MPH and Amanda Roedl, MSN RNC-OB, working as consultants for AHHA. Additional writing, research, and editing were provided by AHHA staff members Elizabeth King, Cristan McLain, and Jann Mylet. Graphic design and layout production was provided by Dean Potter. Thank you to Bartlett Regional Hospital and PeaceHealth Ketchikan Medical Center for sharing some of the photos used throughout the report.

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Thank you to all the maternity care providers, hospitals, birth centers, clinics, and physician practices across Alaska who contributed their insights. A list of those interviewed is included in the Appendix.

PART I Introduction

Highlights of Alaska Data and Maternity Care System

Overall Recommendations

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.

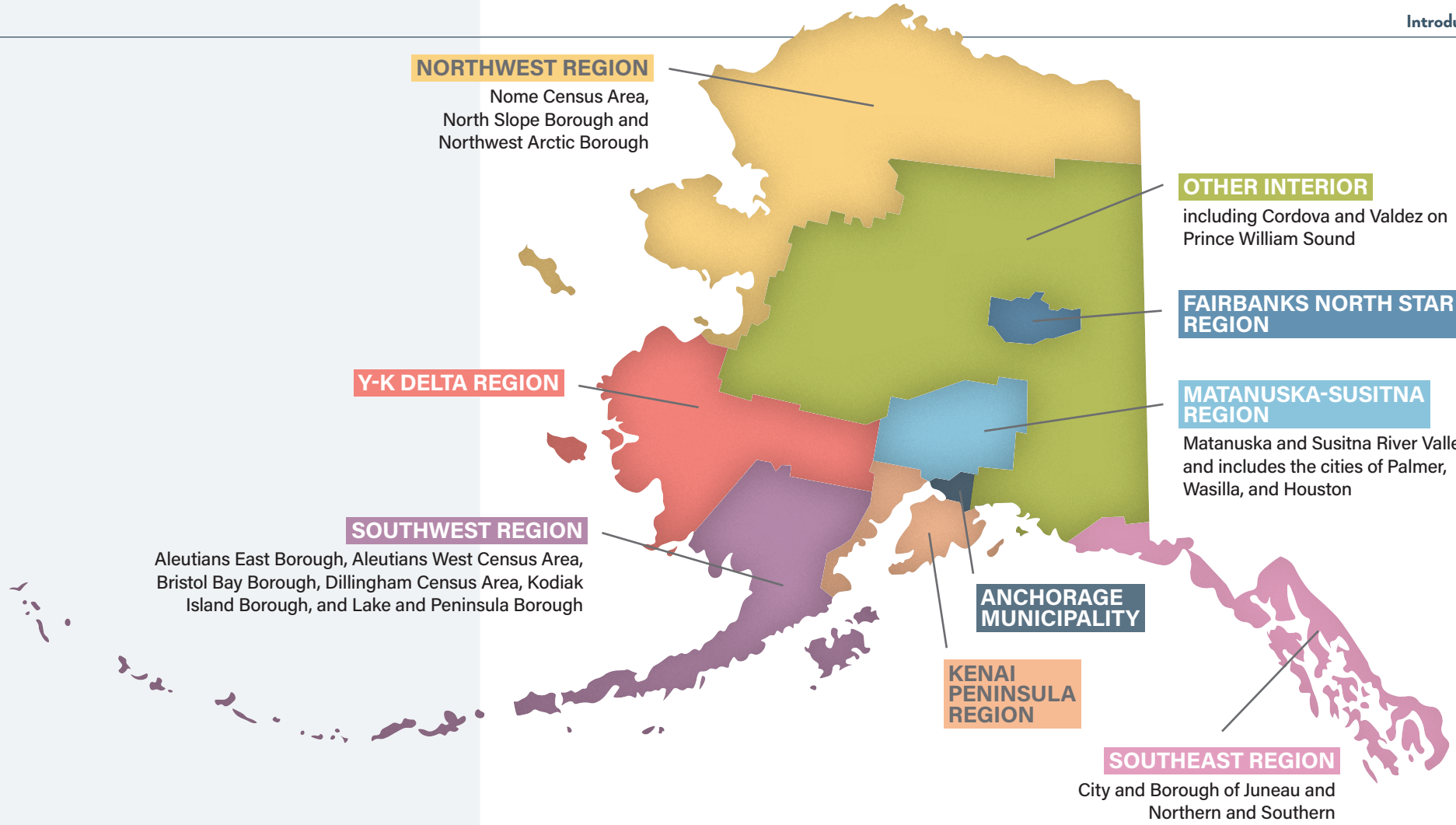
Yet access to care remains a significant challenge. Many communities are off the road system, relying on bush planes or the Alaska Marine Highway to reach regional hubs like Bethel, Kotzebue, Utqiagvik, Juneau, Kodiak, and Dillingham—all of which also face limited obstetric resources. In the most isolated 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

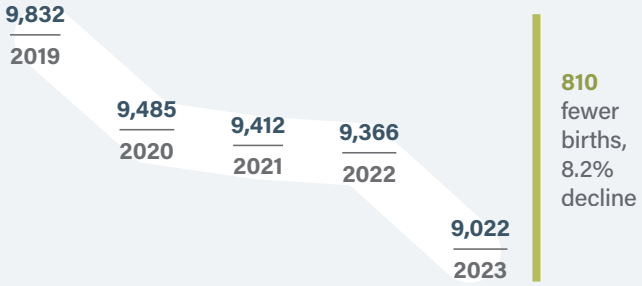
Our report evolved as a chance to look more closely—recognizing the real challenges while also honoring the strengths and resources within our communities.



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.



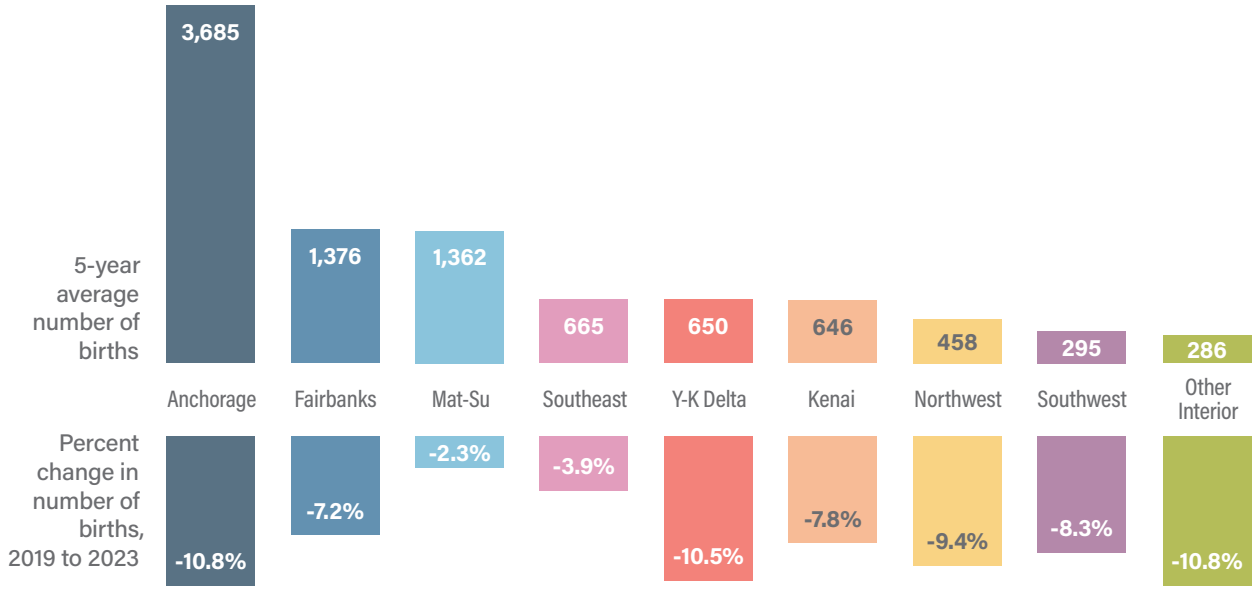
Births in Alaska by year

HIGHLIGHTS OF ALASKA DATA AND MATERNITY CARE SYSTEM

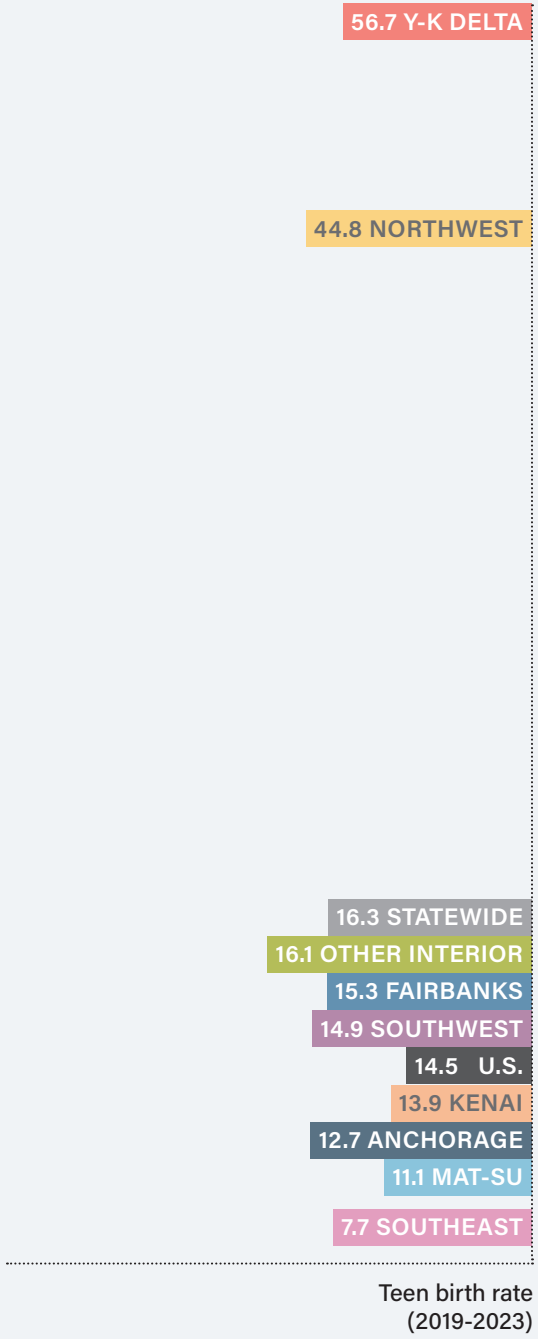
Births are declining in Alaska.

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)



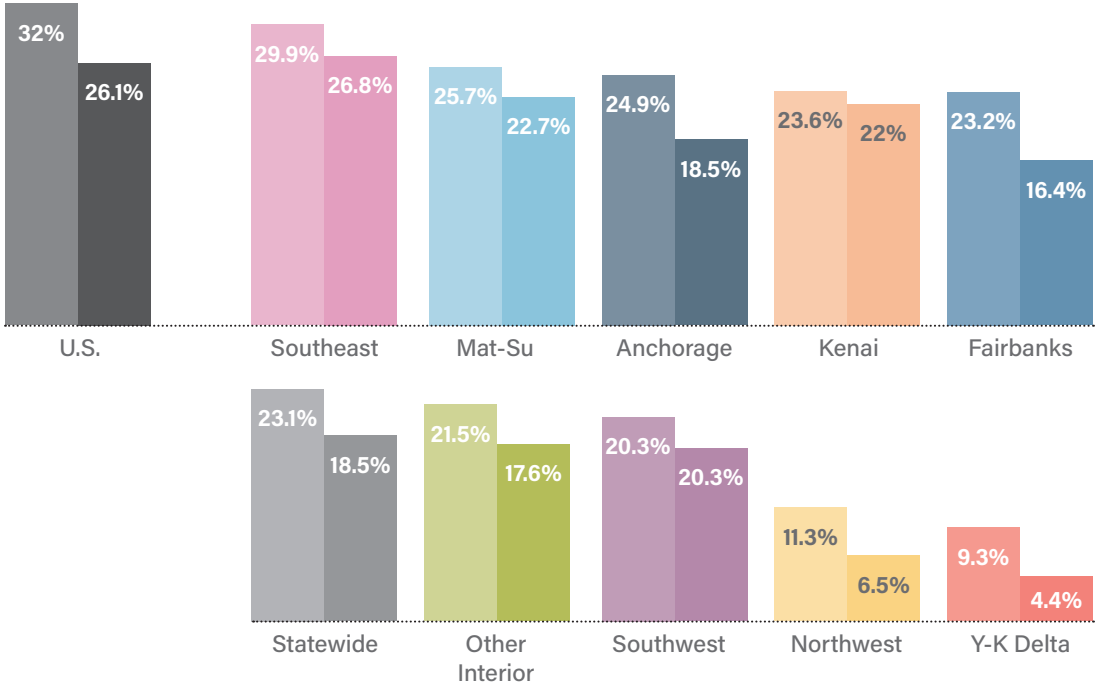
Teen birth rates in Alaska are higher than the U.S. average.

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.

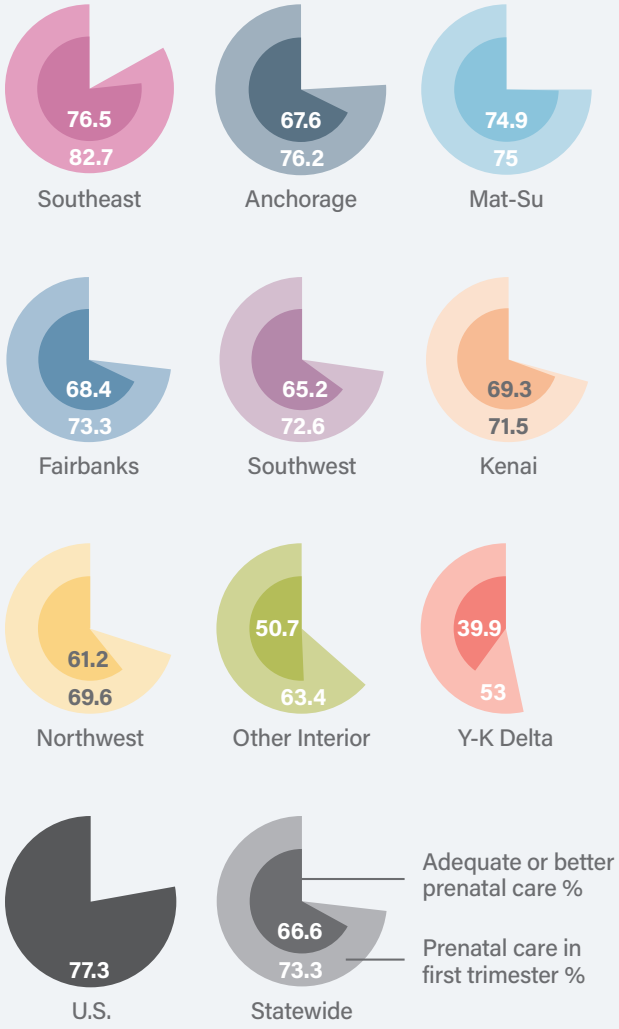
Cesarean birth rates in Alaska are much lower than U.S. rates

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)

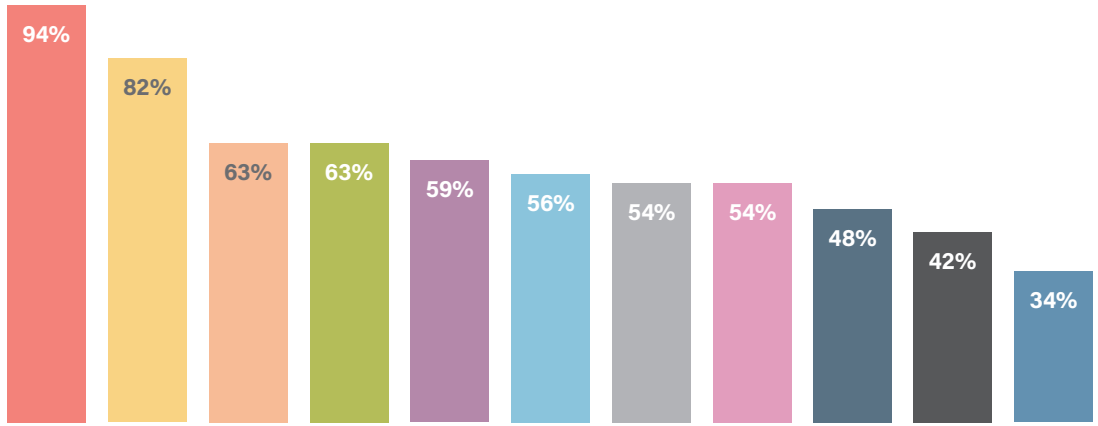
'Adequate or better prenatal care' measures the number of prenatal visits from start of care to delivery (adequacy of received services) and there is not a national benchmark for this measure. 'Prenatal care in the first trimester' measures when prenatal care began (adequacy of initiation)

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.

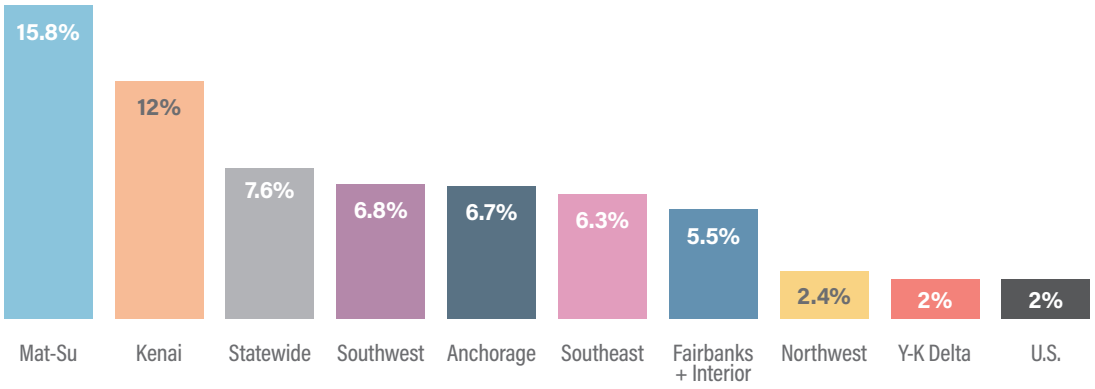
Workforce challenges strongly influence the maternity care models available in communities. Difficulties with recruiting and retaining workers results in a reliance on traveling providers or fewer care options.

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)

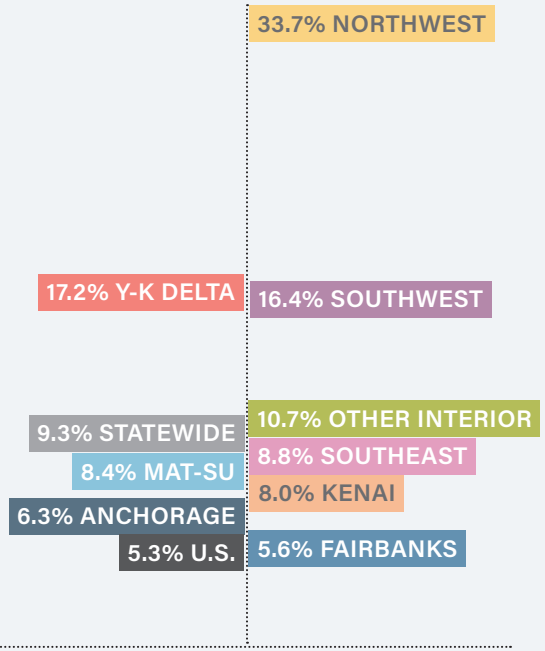
Rural hospitals face challenges to maintain labor and delivery services.

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)



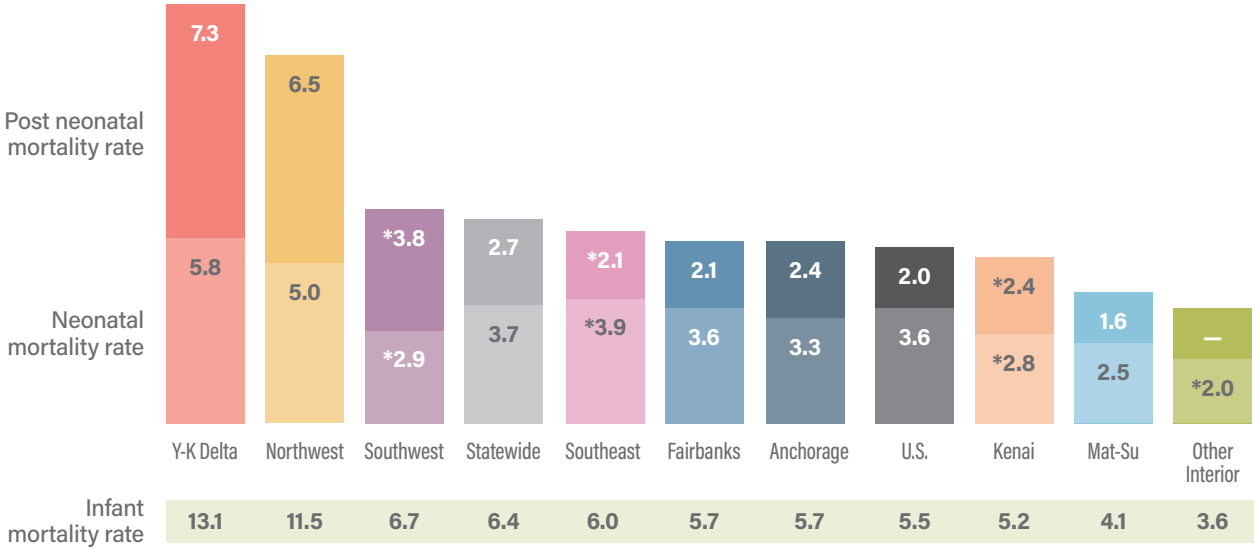
Cigarette smoking during pregnancy (2019-2023)

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.

PART 2 Summary of Maternity Care by Region

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ANCHORAGE REGION

REGION OVERVIEW

The Anchorage Municipality is the largest urban area in Alaska with a population of 286,000 (2024) and covering 1,961 square miles. It includes the Anchorage urban core, a joint military base, and outlying communities from Chugiak to Girdwood. Anchorage serves as Alaska's primary transportation, service, cultural, and economic hub and accounts for 40% of the state's total population.

CULTURAL CONTEXT

The Anchorage region is home to the Dena'ina Athabascan people and blends diverse cultural practices with urban amenities. Anchorage is home to a wide range of ethnic communities, Indigenous populations, and transplants from across the United States and the world. Anchorage is often recognized as one of the most ethnically diverse cities in the U.S., with over 100 languages spoken in its public schools and significant populations of Pacific Islander, Hmong, Filipino, Latino, and East African residents.

MATERNAL HEALTH DATA SUMMARY

More than half of the births in Alaska take place in Anchorage and a quarter of those births are for people who live in other communities and travel to Anchorage for labor and delivery. The number of births in Anchorage hospitals and birth centers have seen a 10% decrease in the past five years.

	Anchorage	Statewide
General fertility rate	**60.1**	65.0
Teen birth rate	**12.7**	16.3
Preterm births	**10.0%**	10.0%
Low birth weight infants	**7.0%**	6.7%
Prenatal care in first trimester	**76.2%**	73.3%
Adequate or better prenatal care	**67.6%**	66.6%
Cesarean births among low-risk pregnancies	**18.5%**	18.5%
Cesarean births	**24.9%**	23.1%
Cigarette smoking during pregnancy	**6.3%**	9.3%
Infant mortality rate (2014-2023)	**5.7**	6.4
Crude Birth Rate	**12.7**	13.2
Average annual births	**3,685**	8,758
Medicaid Births (average annual)	**1,783**	5,128
% of births to Medicaid	**48%**	54%

All data 2019-2023 unless otherwise noted.

26%

births from outside region

SYSTEM OF CARE

Anchorage is Alaska's primary hub for maternity care, offering the most comprehensive range of maternal health services in the state and hosting the largest hospitals and birthing centers. Anchorage providers care for both local families and those who travel — sometimes up to 1,500 miles — from rural areas for specialized services.

Medicaid-approved hotels provide prematernal housing for Medicaid recipients. In addition, Alaska Native Medical Center (ANMC) offers lodging and meals for those who must relocate to Anchorage for delivery. Housing facilities include Quyana House and Alaska Native Medical Center (ANMC) patient housing. Providence Alaska Medical Center supports the Hickel House to provide housing for out of town patients and families.

Births in Anchorage Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Alaska Regional Hospital	519	506	547	566	530	2,668	534		2.1%
Providence Alaska Medical Center	2,466	2,334	2,239	2,177	2,067	11,283	2,257		-16.2%
Joint Base Elmendorf-Richardson Hospital	637	604	440	522	474	2,677	535		-25.6%
Alaska Native Medical Center	1,492	1,432	1,440	1,491	1,475	7,330	1,466		-1.1%
Anchorage Birth Center	48	49	40	56	53	246	49		10.4%
Haven Midwifery and Birth Center	23	34	54	68	69	248	50		200.0%
Geneva Woods Birth Center	91	99	90	86	70	436	87		-23.1%
Total Births in Anchorage Hospitals/ Birth Centers*	**5,276**	**5,058**	**4,850**	**4,966**	**4,738**	**24,888**	**4,978**	**53%**	**-10.2%**
Total Births to Region Residents	**3,937**	**3,763**	**3,578**	**3,634**	**3,511**	**18,423**	**3,685**	**39%**	
# Births from outside of region	1,339	1,295	1,272	1,332	1,227	6,465	1,293		
% of births from outside of region	25%	26%	26%	27%	26%	26%	26%		

STRENGTHS

COMPREHENSIVE HOSPITAL-BASED MATERNITY CARE: Anchorage is home to multiple hospitals with labor and delivery units and Neonatal Intensive Care Units (NICUs), ensuring care for high-risk pregnancies and premature infants that is not available in rural areas.

ROBUST MIDWIFERY SERVICES: Midwives, both certified nurse-midwives (CNMs) and certified direct-entry midwives (CDMs), attend approximately one-third of births in Anchorage and are a key part of both hospital and community births.

COMMUNITY-BASED CARE COORDINATION: Maternity care in Alaska is strengthened by collaborative efforts to keep patients in their home communities. Anchorage-based specialists

TELEHEALTH

Telehealth in Alaska's maternity care system is underused for direct patient care, primarily serving provider-to-provider consultations and behavioral health support. Maternal-Fetal Medicine specialists in Anchorage offer remote consultations statewide, but high-risk pregnancies still require in-person visits. Telehealth is not yet widely used as a diagnostic or treatment tool for pregnant patients.

Behavioral health telehealth has expanded significantly, improving access to perinatal mental health, postpartum depression support, and substance use counseling without requiring travel. Some hospitals also use telehealth for pre-operative screenings before scheduled cesareans, helping reduce unnecessary travel and improve preparedness.

Barriers—such as limited rural connectivity, the need for in-person specialist exams, and inconsistent telehealth use for maternal care—still limit broader adoption. While all practices screen for behavioral health during prenatal, hospital, and postpartum care, screening tools and protocols vary. Community behavioral health providers offer outpatient services, therapy, and medication management, but standardized approaches remain lacking.

STRENGTHS

work with rural providers to manage care remotely, allowing birthing people to remain closer to their families while still receiving necessary medical support.

OBSTETRIC TRAINING AND SIMULATION: Regular obstetric training, such as Basic Life Support in Obstetrics, equips both urban and rural providers with hands-on experience in managing high-risk deliveries and obstetric emergencies. Simulation training enhances the skills of rural clinicians. Rural maternity care providers travel to Anchorage to get experience providing care in higher volume hospitals.

INTEGRATED SUBSTANCE USE TREATMENT: Medication-Assisted Treatment (MAT) services are available for pregnant people with substance use disorders, providing comprehensive prenatal care, addiction treatment, and social support to improve maternal and infant health outcomes.

CHALLENGES

LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES: There is high demand for perinatal mental health care, but a shortage of providers trained in perinatal mood disorders, postpartum depression, and anxiety which can create long wait times to receive care.

DISPARITIES IN MATERNITY CARE ACCESS: Non-English-speaking and minority populations may experience language barriers, culturally mismatched care, and face difficulty navigating maternity services.

COST AND INSURANCE BARRIERS: High out-of-pocket costs for maternity care, even for those with private insurance, can be a barrier, particularly for services like lactation support, postpartum care, and mental health treatment. Insurance plans may limit coverage for midwifery or out-of-hospital births, restricting birth options.

FRAGMENTED MEDICAL INFORMATION TRANSFER: The lack of a standardized electronic health record system across facilities delays care coordination and creates gaps in patient history when individuals move between rural clinics, regional hospitals, and Anchorage-based providers. While a transfer portal exists, it is difficult to navigate and does not efficiently abstract critical information.

MEDICAID TRAVEL AND HOUSING RESTRICTIONS: Medicaid policies limit support for pregnant people who must relocate for prenatal care or delivery. Medical escort travel for a birthing person is only covered in limited cases. Many people traveling to Anchorage to give birth are unable to have pregnancy and labor support, often increasing stress, isolation, and logistical difficulties, particularly for those with children.

MATERNITY CARE PROVIDERS

Alaska Native Medical Center (ANMC): ANMC, co-owned and co-operated by the Alaska Native Tribal Health Consortium and Southcentral Foundation, is a 182-bed hospital where Alaska Native and American Indian people living in the state can access a full range of medical care and is the primary referral center for high-risk pregnancies within the Alaska Native Tribal Health System. The hospital includes eight labor beds, 17 postpartum rooms, and five triage beds. The unit is staffed by a team that includes OB/GYN physicians, certified nurse-midwives (CNM), pediatricians, pediatric hospitalists, nurse practitioners, anesthesia providers, registered nurses, pharmacists, dieticians, social workers, and behavioral health consultants. ANMC can handle most maternal-fetal complications and provides Level 2 NICU care. Newborns needing Level III NICU care are transferred to Providence Alaska Medical Center.

Southcentral Foundation (SCF) provides prenatal and postpartum care through telehealth and in-person clinic visits and operates a midwifery-based care model supported by OB-GYNs and Maternal Fetal Medicine (MFM) physicians, along with certified nurse-midwives. Services include childbirth education, lactation consultation, behavioral health support, nutrition counseling, genetic counseling and many others. SCF collaborates with providers statewide and offers advanced ultrasound and fetal testing.

Alaska Regional Hospital (ARH): ARH is a 250-bed hospital owned and operated by HCA Healthcare. The hospital offers comprehensive ED, trauma, and surgical care. ARH's family birth

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

STRENGTHEN PERINATAL MENTAL HEALTH and postpartum support by increasing inpatient mental health and SUD treatment capacity and adding options that allow a birthing person to bring their baby.

IMPROVE INSURANCE COVERAGE to allow for diverse birth choices including birth center and doula support.

RECRUIT AND TRAIN A DIVERSE MATERNITY CARE WORKFORCE, including certified nurse-midwives, doulas, and providers from underrepresented communities, to improve culturally competent care.

EXPAND HOME VISITING PROGRAMS and postpartum doula services for everyone, with a special emphasis on minority and non-English-speaking families, to ensure continuous support after birth.

ADVOCATE FOR MEDICAID POLICY CHANGES to allow travel escorts for ALL pregnant people needing to relocate for care, reducing stress and isolation.

DEVELOP PEER SUPPORT NETWORKS led by a diverse range of community members to provide guidance and emotional support throughout pregnancy and postpartum.

USE MOBILE CLINICS and pop-up prenatal care events in underserved neighborhoods to reach populations that face barriers to traditional healthcare settings.

IMPROVE INFORMATION SHARING OPTIONS such as standardized electronic health record system to improve the continuity of care between hospitals, clinics, and rural providers.

DEVELOP CULTURALLY TAILORED prenatal education programs and inpatient labor and delivery practices and procedures that incorporate a diversity of traditions, languages, and practices to better serve minority populations.

ADVOCATE FOR PAID PARENTAL LEAVE at the state level to ensure families do not become financially unstable as a result of the birth of a new baby.

MATERNITY CARE PROVIDERS

center has two triage rooms, four labor beds, and six postpartum beds. The team is made up of OB/GYN physicians, labor & delivery nurses, pediatric hospitalists, and other pregnancy specialists. The hospital offers hydrotherapy and lactation services, is able to care for babies born at 32 weeks or higher in a Level 2 NICU, and offers a Neonatal Abstinence Evaluation, Support & Treatment (NEST program). OB/GYN physicians in private practice deliver babies at ARH.

Providence Alaska Medical Center (PAMC): PAMC is operated by Providence St. Joseph Health and with 401 beds is the largest hospital in Alaska. The Providence Alaska Children's Hospital offers comprehensive maternity care including maternal-fetal medicine, a mother-baby unit for labor and delivery, perinatal support, a 66 bed Level 3 NICU and pediatric hospitalist and specialty care. The maternity center contains 10 triage beds, 10 labor rooms, 31 postpartum beds, and seven antenatal rooms. It is the busiest maternity facility and offers the highest level of NICU care available in Alaska. PAMC utilizes a mix of employed, private and affiliated Maternal Fetal Medicine specialists, OB/GYN physicians, and CNMs.

673rd Medical Group Joint Base Elmendorf-Richardson (JBER): The Women's Health Clinic provides comprehensive women's healthcare, including pregnancy care, and employs family medicine physicians, certified nurse-midwives, nurse practitioners, along with nurses and medical technicians. The clinic sees active duty, veteran, and dependent patients for OB/GYN care and provides labor and delivery services, including cesarean births. They do not have a NICU but can deliver babies as early as 35–36 weeks, when necessary. High-risk pregnancies are referred to Providence or ANMC.

Anchorage Neighborhood Health Center (ANHC): ANHC is a Federally Qualified Health Center providing primary healthcare services, with a special focus on those who face extra barriers to care. ANHC offers services on an income-based sliding fee scale (for all, including privately insured patients who meet income requirements). ANHC has an OB program as part of the family medicine clinic and is always open to new OB patients. The family medicine providers, including one who provides cesarean birth, perform 100-120 deliveries per year at PAMC. ANHC offers integrated behavioral health services.

Private Physicians Practices: There are many private practices offering OB/GYN and family medicine physicians providing perinatal care. Physicians and certified nurse-midwives may have privileges to deliver babies at one or more of the Anchorage hospitals or birth centers.

MATERNITY CARE PROVIDERS

BIRTH CENTERS

Geneva Woods Birth Center: Previously delivered 90 births annually but transitioned in December 2024 to focus on postpartum care, sexual health, and menopause care.

Haven Midwifery and Birth Center: Handles 50 births annually with options for home or center deliveries. Services include prenatal, birth, postnatal care, and educational classes.

Anchorage Birth Center: Provides care for 50 births per year using both CDMs and CNMs. Offers birth center or hospital delivery at Providence, childbirth classes, and mental health support.

HOME BIRTH PROVIDERS

CDMs primarily support home births through the following organizations.

- **Haven Midwifery**
- **Homebirth Alaska**
- **Traditional Roots Midwifery**
- **Mosaic Midwifery**

DOULA SERVICES

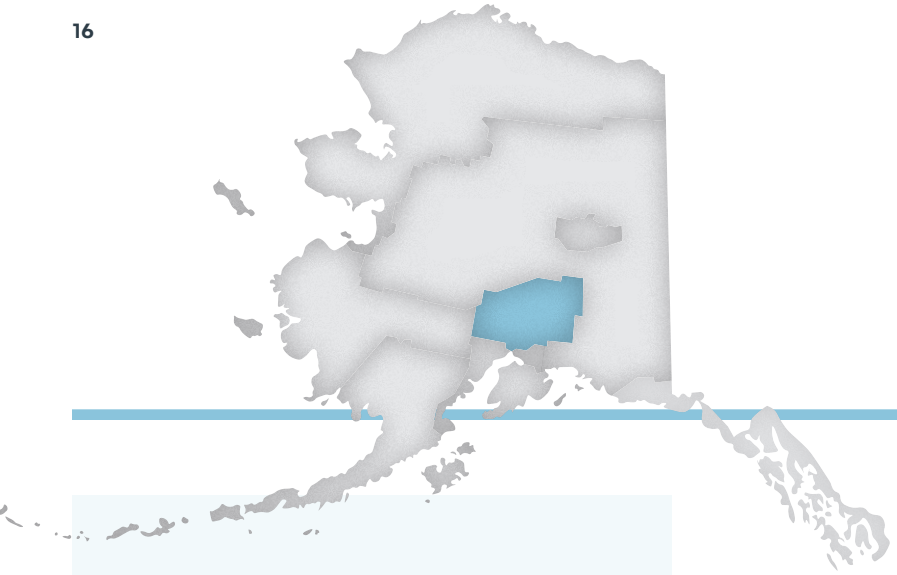
Alaska Native Birthworkers Community is an organization dedicated to providing free, culturally matched care to Native families throughout their reproductive journeys, including pregnancy, birth, and postpartum periods. Their mission is to reconnect communities with ancestral birthing knowledge, promoting sovereignty from the very first breath. They provide doula support to people delivering at ANMC.

Other organizations providing doula services include:

- **Draw Near Doula Support Service**
- **Beautiful Birthing Doula Services Alaska**
- **Empowered Birth Alaska**
- **Due North Support Services**
- **Above and Beyond Doula Care**
- **Best Beginnings Birth Services**
- **Bump and Bloom**
- **Dear Life Doula**

BEHAVIORAL HEALTH PROVIDERS

There are a variety of options for maternal behavioral health care in Anchorage. Among these, **The Anchorage Women's Clinic** stands out as specializing in perinatal mental healthcare. Additionally, there are five local certified perinatal mental health professionals in the area listed in the Postpartum Support International (PSI)'s provider directory at **postpartum.net**.



MAT-SU REGION

REGION OVERVIEW

Matanuska Susitna (Mat Su) Borough is located 35 miles north of Anchorage and spans 25,000 square miles across the Matanuska and Susitna River Valleys. The region includes the cities of Palmer, Wasilla, and Houston, as well as numerous smaller communities. With a population of 115,239, Mat-Su is the fastest growing region of Alaska. The region is known for its fertile farmland and is Alaska's major agricultural region.

CULTURAL CONTEXT

The Mat-Su region is shaped by its pioneer spirit, rural lifestyle, and strong sense of community. The region is home to Dena'ina Athabascan communities. With a mix of longtime Alaskan families, newcomers seeking a quieter life, and Alaska Native communities, Mat-Su blends tradition and modernity in a way that reflects its rapid growth while maintaining deep-rooted local values. Many residents embrace a self-reliant, independent way of life, often engaging in subsistence activities like hunting, fishing, and farming. The area is known for its agricultural heritage which brought Midwestern settlers to develop farming in the valley.

MATERNAL HEALTH DATA SUMMARY

The Mat-Su region has some of the best birth outcomes in Alaska, including high access to prenatal care, low preterm birth rates, low infant mortality, low cesarean births, and low cigarette use during pregnancy. The region has strong prenatal care access and utilization with 74.9 % of births receiving adequate or better prenatal care. Mat Su has the highest percentage of out-of-hospital births in the state—twice the statewide rate and almost eight times the national average.

	Mat-Su	Statewide
General fertility rate	66.1	65.0
Teen birth rate	11.1	16.3
Preterm births	8.8%	10.0%
Low birth weight infants	5.7%	6.7%
Prenatal care in first trimester	75.0%	73.3%
Adequate or better prenatal care	74.9%	66.6%
Cesarean births among low-risk pregnancies	22.7%	18.5%
Cesarean births	25.7%	23.1%
Cigarette smoking during pregnancy	8.4%	9.3%
Infant mortality rate (2014-2023)	4.1	6.4
Crude Birth Rate	12.4	13.2
Average annual births	1,362	8,758
Medicaid Births (average annual)	764	5,128
% of births to Medicaid	56%	54%

All data 2019-2023 unless otherwise noted.

74.9%

Adequate or better prenatal care

SYSTEM OF CARE

The Mat-Su maternity care system includes hospital-based care, private practice providers, birth centers, and midwifery services, offering local options for routine prenatal care and low-risk deliveries. Out-of-hospital providers offer water births, home and birth centers, and postpartum services but require hospital transfers for cesarean or high-risk births. Strong collaboration between community providers and the hospital is essential for seamless transfers. Patients needing maternal-fetal medicine or a higher-level NICU often travel to Anchorage for specialized care.

Telehealth is widely used for provider-to-provider consultations, particularly for specialist referrals and behavioral health support.

Behavioral health provider shortages and long wait times create barriers to timely care. Many expectant and postpartum mothers struggle to receive consistent mental health support. Telehealth services have become an essential tool, allowing provider-to-provider consultations and direct patient counseling sessions, which help expand access to mental health care. Family medicine providers often serve as the first point of contact for individuals experiencing emotional or psychological concerns and are uniquely positioned to recognize and address mental health issues alongside physical health.

Births in Mat-Su Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Mat-Su Regional Medical Center	748	672	763	763	750	3,696	739		0.27%
Mat-Su Midwifery, Wasilla	66	64	57	93	82	362	72		24.24%
Labor Of Love Midwifery, Wasilla	37	49	37	28	**	151+	31		
New Life Midwifery & Birth Center, Palmer	11	**	12	**	19	42+	12		72.73%
Integrated Women's Wellness & Center For Birth, Wasilla	39	29	**	**	**	68+	23		
Total Births in Mat Su Hospitals/Birth Centers*	**901**	**814**	**869**	**884**	**851**	**4,319**	**877**	**9%**	**-5.55%**
Total Births to Region Residents	**1,369**	**1,341**	**1,345**	**1,415**	**1,338**	**6,808**	**1,362**	**14%**	**Stable**

** Does not include home births ** Under 10 births*

STRENGTHS

OUTCOMES: The Mat-Su region has some of the best birth outcomes in Alaska, including high access to prenatal care, low preterm birth rates, low infant mortality, low cesarean births, and low cigarette use during pregnancy.

FAMILY MEDICINE providers offer comprehensive prenatal, delivery, and postpartum care. By integrating maternity services into their family medicine practices, these providers ensure accessible and continuous maternal healthcare. Their long-term relationships with patients may contribute to the region's lower teen birth rate and higher rates of adequate or better prenatal care.

CHOICES: The combination of excellent birth outcomes and high rates of out-of-hospital community births highlights the value of offering choices and supporting midwives for low-risk deliveries.

COLLABORATION between community birthing providers and hospitals is improving, leading to smoother transfers when higher levels of care are needed.

MATERNITY CARE PROVIDERS

Mat-Su Regional Medical Center (MSRMC), Palmer: Mat-Su Regional Medical Center (MSRMC) is the only hospital in the region, operating under a public-private partnership between Community Health Systems, a national healthcare company, and the Mat-Su Health Foundation, a local nonprofit organization. The hospital has 125 licensed beds, including a 10-bed Family Birthing Center, which provides comprehensive maternity care encompassing prenatal care, labor and delivery, and postpartum support. A team of OB/GYNs, family medicine physicians, and certified nurse-midwives (CNMs) work collaboratively to provide well-rounded maternal healthcare and ensure that patients receive personalized and evidence-based care.

MSRMC has two full-time lactation nurses, supported by several floor nurses who are certified lactation consultants. These specialists provide inpatient lactation consultations and offer one free consultation after discharge, ensuring that new mothers receive ongoing breastfeeding support as they transition home.

BIRTH CENTERS:

Mat-Su Midwifery and Family Health (Wasilla): Offers prenatal care, labor and delivery support, and postpartum care, with an emphasis on holistic, individualized care.

"Hello B.A.B.Y." launches comprehensive support program

MAT-SU REGIONAL Medical Center is collaborating with community agencies to launch the Hello B.A.B.Y. (Building Alaska's Babies with You) program, which will offer comprehensive support for new and expecting parents, promoting infant health, family well-being, and early childhood development. The program aims to ensure that all families receive the support they need for a strong start in their parenting journey.

CHALLENGES

RECRUITING AND RETAINING skilled maternity care providers, including OBGYNs, family physicians with OB training, and midwives, remains a challenge.

TRANSPORTATION barriers limit access to prenatal care and specialized maternity services, particularly for rural residents who must travel to Anchorage. Medicaid-approved transportation options are insufficient.

ACCESS TO PERINATAL BEHAVIORAL HEALTH services is limited, making it difficult for families to receive timely mental health support.

COORDINATION between hospital and private practice providers, birth centers, tribal health system and midwives can be difficult, particularly during emergency transfers. Building strong relationships between established providers and care facilities is essential to improving collaboration.

NEWBORNS NEEDING SPECIALIZED CARE are transferred to Anchorage hospitals, creating emotional and logistical strain on families and increasing demand on limited neonatal beds in tertiary care centers.

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

ESTABLISHING A LEVEL 2 NICU at Mat-Su Regional Medical Center would enhance local maternal and neonatal care by allowing moderately premature infants and those needing short-term respiratory support to remain in the community. This would reduce transfers to Anchorage, keep families together, ease demand on neonatal beds in tertiary centers, and strengthen regional healthcare access—positioning Mat-Su Regional as a more comprehensive maternity care facility.

CONTINUE TO DEVELOP community partnerships for labor and delivery services. Partnerships could provide culturally responsive maternity care in Mat-Su and reduce the need for travel to Anchorage. Improving access to coordinated and community-based maternity care would enhance maternal and infant health outcomes by ensuring families receive comprehensive, locally available care.

MATERNITY CARE PROVIDERS

BIRTH CENTERS:

Heirloom Wellness and Birth (Palmer): Provides midwifery care, functional medicine, and family health services in a comfortable birth center setting.

Haven Midwifery and Birth Center: Offers prenatal care, flexible birthing options, and attentive postpartum support in a nurturing environment.

HOME BIRTHS

Supported by certified nurse-midwives (CNMs) or certified direct-entry midwives (CDMs):

New Life Midwifery and Birth Center

Traditional Roots Midwifery

PERINATAL PROVIDERS

Private family medicine providers in the region have delivery privileges at Mat-Su Regional Medical Center and offer comprehensive prenatal, delivery, and postpartum care. The following are the key practices:

Bruck Clift Family Medicine (Palmer) provides comprehensive maternity care services. The practice emphasizes continuity of care, ensuring that patients consistently see their provider throughout their maternity journey.

Wild Iris Family Medicine (Wasilla) serves families under the leadership of a family medicine physician. The clinic offers comprehensive obstetrical care, including vaginal birth after cesarean (VBACs) and cesarean sections. Wild Iris emphasizes preventive care and education.

Capstone Family Medicine (Wasilla) offers comprehensive maternity care services. The clinic's services include prenatal, obstetric care, and postpartum support, emphasizing a patient-centered approach.

Alpenglow Women's Health (Wasilla): Provides comprehensive pregnancy care, from prenatal visits to delivery and postpartum follow-up. The practice utilizes a collaborative model, combining the expertise of OB/GYNs and certified nurse-midwives.

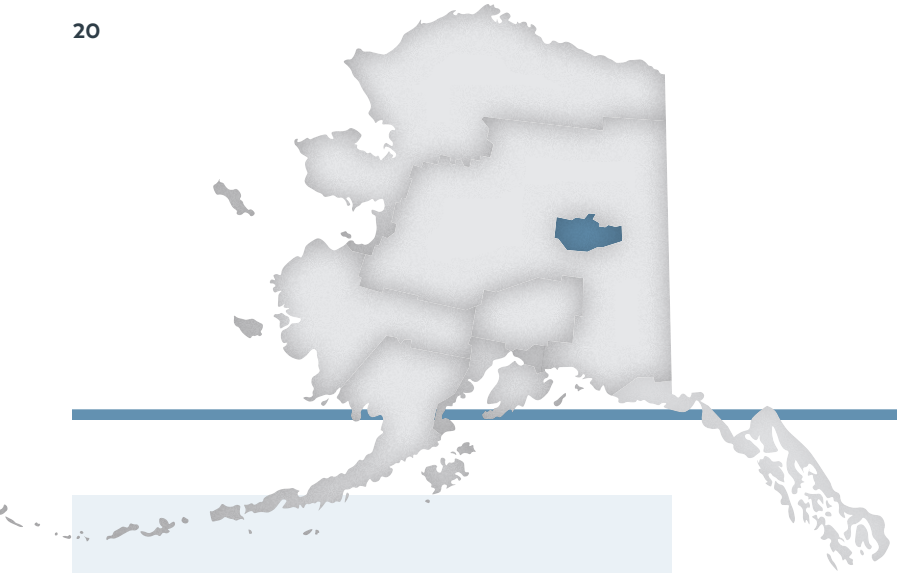
Mat-Su Women's Health Specialists (Palmer): Offers gynecological and obstetric services, including prenatal care and delivery support.

Benteh Nuutah Valley Native Primary Care Center (Wasilla) operated by Southcentral Foundation offers a range of health services to Alaska Native and American Indian people in the region. Prenatal and post-natal care is managed by midwives and patients are referred to ANMC for delivery. Benteh Nuutah offers integrated behavioral health services, providing psychiatric evaluations, medication management, psychotherapy, and crisis intervention to support the mental well-being of pregnant and postpartum people.

BEHAVIORAL HEALTH PROVIDERS

There are several options for accessing maternal behavioral health in the Mat-Su Borrough. **Mat-Su Mental Health, LLC** specifically offers comprehensive support for birthing people provided by their dedicated team of maternal mental health counselors. There are several other behavioral health organizations in the valley including **Mat-Su Health Services** and **Alaska Behavioral Health**. Additionally, there are two local certified Perinatal Mental Health Professionals listed in the Postpartum Support International (PSI)'s provider directory at **postpartum.net**.

> "At Mat-Su Regional Medical Center, one of our greatest strengths is the partnership between our nursing staff and OB providers—built on strong communication, mutual respect, and trust. Additionally, the dedication of our nurses shines through in their professional certifications, ensuring exceptional, high-quality care for our patients."
>
> — Adrian Stauffer,
> Mat-Su Regional Medical Center,
> Family Birthing Center Director



FAIRBANKS NORTH STAR REGION

REGION OVERVIEW

The Fairbanks North Star Borough region is located 350 miles north of Anchorage in the interior of Alaska and covers 7,444 square miles. The borough, which includes Fairbanks, North Pole, and numerous small communities, has a population of 94,840 and is the third largest region in Alaska. The region is home to Fort Wainwright (Army), Eielson Air Force Base and the University of Alaska Fairbanks campus.

CULTURAL CONTEXT

Fairbanks North Star Borough is a diverse region shaped by its Indigenous heritage, military presence, university influence, and remote Alaskan lifestyle. Fairbanks is located on the traditional land of the Tanana Athabascans whose cultural traditions continue to shape the region. Many residents have a resilient spirit and self-reliant lifestyle of hunting, fishing, off-grid-living, and adapting to extreme weather conditions.

MATERNAL HEALTH DATA SUMMARY

The Fairbanks region has excellent birth outcomes with a crude birth rate that has seen a 10% decrease over five years although is still slightly higher than the statewide rate; its teen birth rate and preterm birth rate are lower than statewide rates. Adequate or better prenatal care is slightly higher in Fairbanks (68.4%) than the state (66.6%).

Fairbanks Memorial Hospital and Bassett Army Hospital are the only facilities providing deliveries and only 5.5% of births occur in a community setting—due to the closure of the freestanding birth center in 2023, this is likely to decrease in future years.

Fairbanks remains an important regional birthing hub with an estimated 10% of births coming from outside the region. Likely due to the large numbers of births to military families with insurance coverage, Fairbanks has the lowest percentage of Medicaid births (34%) in the State.

	Fairbanks	Statewide
General fertility rate	69.4	65.0
Teen birth rate	15.3	16.3
Preterm births	8.9%	10.0%
Low birth weight infants	6.6%	6.7%
Prenatal care in first trimester	73.3%	73.3%
Adequate or better prenatal care	68.4%	66.6%
Cesarean births among low-risk pregnancies	16.4%	18.5%
Cesarean births	23.2%	23.1%
Cigarette smoking during pregnancy	5.6%	9.3%
Infant mortality rate (2014-2023)	5.7	6.4
Crude Birth Rate	14.3	13.2
Average annual births	1,376	8,758
Medicaid Births (average annual)	473	5,128
% of births to Medicaid	34%	54%

All data 2019-2023 unless otherwise noted.

34%

lowest percentage of Medicaid births (34%) in the State

SYSTEM OF CARE

Fairbanks' compact geography allows most residents to access medical care within 30 minutes, supporting accessible maternity services. As a healthcare hub for the Interior, Fairbanks draws patients from remote communities, who receive basic care locally but must travel in for labor and delivery. Tribal members receive coordinated care through Tanana Chiefs Conference, which also provides housing; however, Fairbanks Memorial Hospital does not offer prematernal housing. Medicaid covers lodging and meals for eligible patients.

Local providers manage most maternity care with support from Anchorage specialists via provider consultations. All perinatal providers screen for mood and substance use disorders, though screening tools and processes vary by practice. Providers agree that standardized tools and integration into shared medical records would improve care. Access to psychiatrists and Medicaid-accepting behavioral health providers is limited, but Medication-Assisted Treatment is available, with priority given to pregnant women.

Births in Fairbanks North Star Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Fairbanks Memorial Hospital	982	989	1,092	1,038	1,000	5,101	1,020		1.83%
Bassett Army Hospital	465	443	453	433	339	2,133	427		-27.10%
[CLOSED IN 2023] Alaska Family Health and Birth Center	58	40	40	34	14	186	37		
Total Births	**1,505**	**1,472**	**1,585**	**1,505**	**1,353**	**7,420**	**1,484**	**16%**	
Total Births to Region Residents	**1,382**	**1,333**	**1,485**	**1,397**	**1,283**	**6,880**	**1,376**	**15%**	**Stable**
# Births coming to region	123	139	100	108	70	540	108		

STRENGTHS

COMPREHENSIVE REGIONAL CARE: Fairbanks serves as a maternity care hub for Interior Alaska, meeting most local maternity and pediatric needs without requiring transfers.

PROVIDER COLLABORATION & TRAINING: The healthcare community actively coordinates training efforts, including monthly OB drills and simulation training led by a certified nurse midwife (CNM) at Chief Andrew Isaac Health Center.

SUBSTANCE USE DISORDER SUPPORT: Access to medication-assisted treatment (MAT) for substance use disorders is available at Tanana Valley Clinic, where providers collaborate to ensure comprehensive care.

INTEGRATED HOME BIRTH & HOSPITAL CARE: Strong coordination exists between home birth midwifery practices and hospitals. Some home birth providers require patients to establish hospital-based care as a precaution, ensuring smooth transfers when needed.

TELEMEDICINE ADVANCEMENTS: Fetal echocardiograms are now available in Fairbanks, reducing travel for specialized maternity care. Providers work closely with Seattle Children's Hospital and maternal-fetal medicine specialists in Anchorage, improving management of high-risk pregnancies.

MILITARY-CIVILIAN COLLABORATION: Bassett Army Hospital enhances women's and infant care through its participation in a Defense Health Agency working group, ensuring evidence-based practices, continuous staff training, and reliable medical supply chains—even during shortages.

MATERNITY CARE PROVIDERS

FOUNDATION HEALTH PARTNERS is a community-owned-and-operated healthcare organization serving the region—facilities include Fairbanks Memorial Hospital (FMH), Denali Center, and Tanana Valley Clinic. FMH is a 152-bed rural referral/sole community hospital serving patients from throughout the interior of Alaska. The hospital's Women Infant Services offers comprehensive maternity care from prenatal to postpartum with a full range of providers. The hospital is fully equipped to handle most high-risk pregnancies; local physicians consult with maternal fetal medicine physicians in Anchorage when needed. The hospital has a level 2 NICU staffed with pediatric hospitalists to provide care for sick and premature newborns. Babies can be delivered after 32 weeks. Certified nurse-midwives (CNMs) perform half of hospital deliveries, supported by on-call physicians. Prenatal care is provided at the hospital-based outpatient clinic. OB/GYNs and CNMs from private practices and the tribal health clinic deliver babies at the hospital. The hospital is working to recruit an OB hospitalist who can support deliveries for all of the practices to reduce the on-call burden for small practices. The hospital provides lactation support and behavioral health services.

BASSETT ARMY HOSPITAL in Fort Wainwright is the headquarters for Army medicine in Alaska and is where most of the 25,000 active-duty soldiers, family members,

STRENGTHS, cont.

COMMUNITY SUPPORT FOR MATERNAL HEALTH: Beyond clinical care, a weekly lactation support group meets at a local café, fostering peer support and education for breastfeeding mothers.

STATEWIDE QUALITY INITIATIVES: Fairbanks providers actively contribute to the Alaska Perinatal Quality Collaborative (AKPQC), working to reduce OB hemorrhage rates, improve transfer processes for community births, and address substance-affected pregnancies and newborns.

CHALLENGES

PROVIDER SHORTAGES: A shortage of OB/GYNs, pediatricians, and maternity care specialists makes it difficult to recruit and retain medical professionals.

DELAYS IN PRENATAL CARE: Limited provider availability and delays in Medicaid eligibility determinations can result in wait times of 2-4 weeks for a first prenatal appointment. Many women are unaware they can receive care while their Medicaid application is pending, leading some to start prenatal care after the first trimester.

LIMITED BIRTH OPTIONS: The closure of the Fairbanks birth center has reduced alternatives to hospital deliveries. Families now have only two options—home births or hospital-based deliveries.

GAPS IN PERINATAL BEHAVIORAL HEALTH SERVICES: There is a shortage of providers specializing in postpartum mood disorders and substance use disorder treatment, particularly those accepting Medicaid. This leaves many women without necessary mental health support during pregnancy and postpartum.

STAFFING CHALLENGES AT BASSETT ARMY HOSPITAL: Frequent staff turnover, particularly during transfer seasons, disrupts continuity of care and strains maternity services for military families stationed in Fairbanks.

MATERNITY CARE PROVIDERS

and retirees from all branches of the military receive care. The women's health clinic provides comprehensive prenatal through postpartum care. Certified nurse-midwives and OB/GYNs provide both clinic care and deliveries at the hospital. The hospital performs deliveries at 36 weeks gestation and does not have a NICU or after hours anesthesia so high risk pregnancies are transferred to FMH. Due to staffing shortages on the labor and delivery unit, there are times when all births must occur at FMH.

BIRTH CENTER AND HOME BIRTHS

Alaska Family Health and Birth Center offered prenatal care and birth center and home deliveries until 2023 when they closed due to staffing issues.

Golden Heart Community Midwifery and two other practices specialize in home births with certified direct-entry midwives (CDMs). They provide prenatal care and low risk deliveries. Beginning at 36 weeks they do an extended home visit in preparation for home birth. Clients must live within 40 minutes from FMH. With the closure of the birth center, the direct-entry midwives providing home births are operating at full capacity.

PERINATAL CARE PROVIDERS

Chief Andrew Isaac Health Center provides comprehensive outpatient services to the Alaska Native population in Interior Alaska including prenatal and postpartum care with family medicine physicians and

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

ENHANCE MENTAL HEALTH & SUBSTANCE USE SCREENING: Standardize screening for mental health and substance use disorders during pregnancy and postpartum by integrating tools like the 4 P's into electronic health records. Without a standardized tool, providers rely on informal questioning, which may lead to missed diagnoses or delayed treatment.

EXPAND BEHAVIORAL HEALTH & ADDICTION SERVICES: Invest in behavioral health and addiction medicine to improve treatment options, recovery programs, and referral pathways to help people transition into stable environments during pregnancy and postpartum.

STRENGTHEN MATERNITY CARE WORKFORCE: Prioritize recruitment and retention of OB/GYNs, certified nurse-midwives, and family medicine physicians with obstetric training to ensure timely access to prenatal and delivery care.

ADDRESS MEDICAID PROCESSING DELAYS: Streamline Medicaid eligibility determinations to ensure pregnant individuals can access early prenatal care without delays.

STRENGTHEN TELEHEALTH FOR MATERNITY CARE: Advocate for expanded telehealth legislation to improve access to specialized maternity care services.

INCREASE BIRTH OPTIONS: Reopening the Fairbanks birth center or expanding certified nurse midwives to support out-of-hospital birth options would provide families with more maternity care choices.

Access to medication-assisted treatment during pregnancy

A BRIGHT SPOT in Fairbanks is access to medication-assisted treatment (MAT) for opioid use disorder. Tanana Valley Clinic (TFC) offers a medication-assisted treatment (MAT) program, which combines pharmacological treatment with behavioral therapy to address substance use disorders. This program aims to help individuals struggling with addiction by providing a holistic approach that addresses both the physical and behavioral aspects of addiction. At a provider's request, pregnant people are able to be given priority to be seen immediately. In Fairbanks, more providers are able to prescribe buprenorphine since many have completed the waiver process.

MATERNITY CARE PROVIDERS

deliveries at FMH. There are four private practice OB/GYNs and two hospital-based physicians that currently deliver babies at the hospital working at the following practices: Chena Health, Interior Woman's Health, Dr. Lawrason, and Chief Andrew Isaac Health Center.

Bassett employs their own OBGYNS who do clinics and are on call for deliveries.

Midwives play an important role in maternity care with certified nurse-midwives working with most of the OB/GYN providers.

BEHAVIORAL HEALTH PROVIDERS

There are a few options for maternal mental health support in the Fairbanks area including therapy and medication management services. **Mama Bear Clinical Services LLC** provides both in-person and telehealth options for mothers. Additionally, there are three local certified Perinatal Mental Health Professionals listed in the Postpartum Support International (PSI)'s provider directory at **postpartum.net**.

OTHER INTERIOR REGION

REGION OVERVIEW

The Other Interior region includes a wide swath of interior Alaska surrounding Fairbanks including Glennallen, Copper Center, Fort Yukon, and Galena and extends all the way to the coast to include Cordova, Whitter, and Valdez on Prince William Sound. The region covers a vast area of 217,256 square miles and has a total population of 23,489.

CULTURAL CONTEXT

The Interior region is home to the Athabascan, Eyak, and Alutiiq peoples. Fishing, hunting, and gathering continue to be essential for many people reinforcing strong connections to the land and water. Residents live in small, isolated communities, fostering a strong sense of self-reliance, community cooperation, and adaptability to extreme conditions.

MATERNAL HEALTH DATA SUMMARY

Other Interior is a geographic region and does not represent a system of care region – it covers communities spread across a vast land mass with few maternity services. With only one hospital offering labor and delivery services and specialized maternity care, 90% of births occur in Fairbanks, Anchorage, or wherever Interior residents have family connections. Prenatal care is provided at small clinics.

Birth rates are similar to the statewide rates, but the region has a lower infant mortality rate (3.6%) than the state (6.4%). Access to prenatal care is a concern, both in terms of pregnant people receiving first-trimester prenatal care, and also receiving adequate prenatal care throughout their pregnancy. The region also has higher Medicaid birth coverage than statewide.

	Other Interior	Statewide
General fertility rate	71.7	65.0
Teen birth rate	16.1	16.3
Preterm births	8.3%	10.0%
Low birth weight infants	5.3%	6.7%
Prenatal care in first trimester	63.4%	73.3%
Adequate or better prenatal care	50.7%	66.6%
Cesarean births among low-risk pregnancies	17.6%	18.5%
Cesarean births	21.5%	23.1%
Cigarette smoking during pregnancy	10.7%	9.3%
Infant mortality rate (2014-2023)	3.6	6.4
Crude Birth Rate	12.2	13.2
Average annual births	286	8,758
Medicaid Births (average annual)	181	5,128
% of births to Medicaid	63%	59%

All data 2019-2023 unless otherwise noted.

90%

births occur outside region

SYSTEM OF CARE

Maternity care in the Interior region of Alaska is provided through local health centers and support organizations, with only one hospital in the region offering labor and delivery services. Most women must travel to receive obstetric services in Anchorage, Palmer, or Fairbanks. Tribal OB/GYNs conduct limited field clinics, but they often focus on GYN care rather than full prenatal and obstetric services. The lack of local care can result in delays in access along with the challenges of traveling for medical visits.

Some of the communities are on the road system, but travel distances are great especially during the winter months when snow and ice can delay or limit safe travel. Other communities are accessible by small planes and only one is served by commercial jet service.

Births in Other Interior Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Providence Valdez Medical Center	31	27	29	17	18	122	24		-41.94%
Total Births in Interior Hospitals/Birth Centers	**31**	**27**	**29**	**17**	**18**	**122**	**24**	**0.3%**	
Total Births to Region Residents	**305**	**285**	**293**	**276**	**272**	**1,431**	**286**	**3%**	
# Births leaving region	274	258	264	259	254	1,309	262		
% of births leaving region	90%	91%	90%	94%	93%	91%	91%		

STRENGTHS

RESIDENTS of remote communities are resourceful and resilient, relying on strong support networks within their communities.

VALDEZ HAS MAINTAINED LABOR AND DELIVERY services despite challenges, thanks to the dedication of the hospital, nurses, and physicians in meeting community needs.

BEHAVIORAL HEALTH SERVICES ARE AVAILABLE throughout the region due to the creativity and commitment of providers and local communities.

CHALLENGES

MOST PREGNANT PEOPLE MUST TRAVEL LONG DISTANCES for delivery due to limited birthing centers. Remote locations often require air travel, and weather conditions can delay medevac flights. The cost of travel for routine and high-risk prenatal care creates financial, emotional, and logistical burdens.

PROVIDENCE VALDEZ FACES CHALLENGES in maintaining staff competencies due to low delivery volumes. Recruiting and retaining family medicine providers with obstetric skills is difficult, and training opportunities are limited. As part of the Providence health system, staff have access to simulation training and periodic rotations in higher-volume hospitals, but these require funding and logistical support.

MANY RURAL COMMUNITIES rely on family medicine physicians with obstetric training rather than dedicated OB/GYN specialists. Recruiting and retaining these providers is difficult due to isolation, competition with larger hospitals, and limited resources.

MATERNITY CARE PROVIDERS

Providence Valdez Medical Center is a critical access hospital with 11 acute-care beds and 10 long-term care beds. The medical center offers comprehensive maternity services, including prenatal care, labor and delivery, and postpartum care. The hospital handles an average of 24 low-risk deliveries per year and provides a full range of supporting healthcare services, such as laboratory testing, radiology, and therapy services.

Cordova Community Medical Center is a 13-bed critical access hospital owned and operated by the city of Cordova. The hospital offers a primary care clinic that provides routine health assessments and treatment and prenatal and postpartum care along with 24/7 emergency services. The hospital discontinued labor and delivery due to the challenges of maintaining services in a low volume environment, but staff are available for pregnancy-related emergencies. Women are referred to Anchorage or go to a location close to family or friends 2-4 weeks prior to due date.

BIRTH CENTERS AND HOME BIRTHS

There are no birth centers in the Interior region of Alaska and home births are uncommon in the region.

PERINATAL CARE PROVIDERS

Valdez has two family medicine providers who manage prenatal care, deliveries, and postpartum support. Their broad medical training allows them to oversee both maternal and newborn health, ensuring continuity of care within the community.

Cordova has family medicine providers who handle all routine prenatal and postnatal appointments. However, people are referred to Anchorage at 36 weeks gestation for labor and delivery.

Tribal health organizations support Alaska Native people to receive care at clinics and regional hubs.

Glennallen offers essential prenatal and general healthcare services through local centers like Copper River Native Association and Crossroads Medical Center, but birthing people need to plan for delivery at medical facilities in Palmer or Anchorage. Local organizations provide support and resources to assist families throughout the prenatal and postnatal periods.

McGrath provides prenatal care through nurse practitioners and physician assistants.

BEHAVIORAL HEALTH PROVIDERS

There are limited behavioral health services in the region. Hospitals and clinics offer on-site and itinerant behavioral services. Additional behavioral health services are available via telehealth.

CHALLENGES

CORDOVA LACKS an in-house sonographer; instead, a visiting sonographer provides services only once a month, making timely ultrasounds difficult. Patients requiring Level 2 ultrasounds must travel to Anchorage.

LIMITED POSTPARTUM CARE and lactation support increase the risk of complications. Many communities lack dedicated resources for breastfeeding education, newborn care, and maternal recovery.

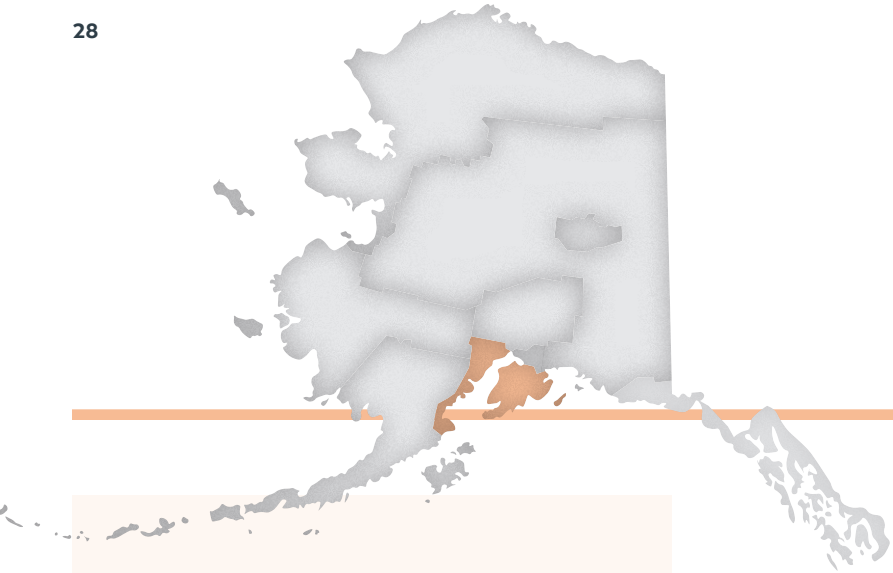
RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

IDENTIFY RESOURCES AND SUPPORT needed to maintain labor and delivery services at the one remaining birthing hospital in the region.

EXPAND TELEHEALTH SERVICES for prenatal and postpartum care to reduce the need to travel long distances.

BUILD ON EXISTING COMMUNITY SUPPORT systems through trained community health worker or doula programs for prenatal and postpartum support including home visits.

The Mom2Mom Program by Copper River Native Association provides an online community designed for mothers and caregivers of children aged 0-8, offering support and discussions on various parenting topics. Meetings are held virtually on the 1st and 3rd Thursdays of each month.



KENAI PENINSULA REGION

REGION OVERVIEW

The Kenai Peninsula Borough in Southcentral Alaska covers 16,000 square miles that includes the Kenai Peninsula, stretching south from Anchorage into remote areas along the Cook Inlet and Gulf of Alaska. It is marked by rugged mountains, glaciers, boreal forests, and an extensive coastline. Major towns include Kenai, Soldotna, Homer, and Seward. The region has a growing population with 61,223 residents and is one of the most accessible parts of the state due to an extensive road system.

CULTURAL CONTEXT

The Kenai Peninsula Borough is a place where Indigenous traditions, fishing culture, outdoor adventure, and a spirit of independence shape daily life. The Kenai Peninsula is home to the Dena'ina Athabascan and Sugpiaq (Alutiiq) peoples. Homer has a significant population of Russian Old Believers who favor low-intervention maternity care, often preferring to be attended by midwives. The region has a strong homesteader and self-sufficient ethos, with many families living off-grid or supplementing their food supply through hunting, fishing, and farming.

MATERNAL HEALTH DATA SUMMARY

Kenai Peninsula region has the second highest percentage of out-of-hospital births in the state with 12% of births occurring in the community. The crude birth rate and teen birth rates in the Kenai region are both lower than the statewide average, along with a lower preterm birth rate and a lower infant mortality rate.

Cesarean births are consistent with statewide averages, however cesarean births among low-risk pregnancies are higher than statewide. The region has a higher percentage of Medicaid-covered births (63%) than the state average (54%).

	Kenai	Statewide
General fertility rate	66.0	65.0
Teen birth rate	13.9	16.3
Preterm births	7.0%	10.0%
Low birth weight infants	5.5%	6.7%
Prenatal care in first trimester	71.5%	73.3%
Adequate of better prenatal care	69.3%	66.6%
Cesarean births among low-risk pregnancies	22.0%	18.5%
Cesarean births	23.6%	23.1%
Cigarette smoking during pregnancy	8.0%	9.3%
Infant mortality rate (2014-2023)	5.2	6.4
Crude Birth Rate	10.9	13.2
Average annual births	646	8,758
Medicaid Births (average annual)	407	5,128
% of births to Medicaid	63%	54%

All data 2019-2023 unless otherwise noted.

12%

out-of-hospital births

SYSTEM OF CARE

Two of the region's three hospitals offer labor and delivery for low-to-moderate-risk pregnancies, while high-risk cases must go to Anchorage. Though road access is available, travel takes 2–6 hours and can be disrupted by winter closures. Reaching local hospitals from rural areas like Kachemak Bay poses logistical challenges. Medicaid covers travel and lodging, but summer housing shortages limit hotel availability. Indian Health Service beneficiaries need approval to deliver locally; otherwise, they must go to ANMC in Anchorage.

Telehealth services, heavily utilized during the pandemic, are now largely unavailable. Expanding telehealth could greatly benefit patients, especially those living across the bay who face significant travel challenges for routine prenatal and postpartum visits.

Births in Kenai Peninsula Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Central Peninsula Hospital	393	364	346	334	375	1,812	362		-4.58%
South Peninsula Hospital	152	114	140	141	114	661	132		-25.00%
Homer Birth and Wellness Center	11	13	18	16	12	70	14		9.09%
Total Births in Kenai Hospitals/Birth Centers*	**556**	**491**	**504**	**491**	**501**	**2,543**	**509**	**5%**	**-9.89%**
Total Births to Region Residents	**697**	**620**	**643**	**629**	**643**	**3,232**	**646**	**7%**	
# Births leaving region	141	129	139	138	142	689	138		
% of births leaving region	20%	21%	22%	22%	22%		21%		

** Does not include home births*

STRENGTHS

COLLABORATIVE MATERNITY CARE: Certified Nurse Midwives (CNMs) and OB/GYNs in Homer work together to meet the diverse needs of the community, ensuring high-quality care.

COMMITMENT TO QUALITY IMPROVEMENT: Regional hospitals actively participate in the Alaska Perinatal Quality Collaborative (AKPQC) to enhance maternity care standards.

SUPPORT FOR DRUG-IMPACTED INFANTS: South Peninsula Hospital (SPH) implements the "Eat, Sleep, Console" model, prioritizing family-centered care for newborns affected by substance exposure.

LOCAL WORKFORCE DEVELOPMENT: "Grow Our Own" programs at local hospitals reduce reliance on travel nurses and improve staff continuity.

EMERGENCY PREPAREDNESS: Quarterly obstetric drills and annual STABLE training strengthen staff readiness for maternal and neonatal emergencies.

ROAD ACCESS between communities and to Anchorage is better than in many other areas of Alaska, facilitating travel for medical care.

MATERNITY CARE PROVIDERS

South Peninsula Hospital (SPH), Homer: SPH is a 22-bed, borough-owned critical access hospital serving Homer and surrounding Kachemak Bay communities. The hospital Family Birth Center offers private Labor-Delivery-Recovery suites. Care is provided by three full-time certified nurse-midwives (CNM) who manage prenatal, postpartum, well-baby care, and all vaginal deliveries at the hospital. Three OB/GYNs are employed by SPH and serve as backup for CNMs and are available for cesarean births and GYN surgeries. Due to the lack of pediatric services, high-risk pregnancies are referred to Anchorage. The CNMs and OB/GYNs work on a 1:3 on-call schedule to ensure continuous coverage. SPH also offers lactation services and behavioral health services. SPH operates its OB clinic at a financial loss but subsidizes maternity services in order to meet an essential community need.

Central Peninsula Hospital (CPH), Soldotna: CPH is a 49-bed, borough-owned, non-profit facility serving the Central Kenai Peninsula. The medical staff includes professionals across multiple specialties, including OB/GYN and pediatrics. The Family Birth Center features labor, delivery, recovery, and postpartum care in the same room. Care is provided by physicians, certified nurse-midwives, and nurses offering diverse birthing options. CPH delivers babies at 36 weeks' gestation or later; earlier births are transferred to Anchorage. A Maternal-

CHALLENGES

LACK OF CARE FOR HIGH-RISK DELIVERIES: Lack of pediatric care increases the need to travel to Anchorage. Restricted capacity in Anchorage can result in some people delivering locally even when specialized care is needed.

BARRIERS FOR RURAL RESIDENTS: Birthing people from across Kachemak Bay face travel and lodging difficulties, adding stress and financial burden.

PRENATAL CARE CHALLENGES: Long wait times for primary care make it harder for some women to receive timely prenatal services. Some patients struggle with access to consistent prenatal care due to travel issues, and others may delay leaving the region for delivery against medical advice.

GAPS IN BEHAVIORAL HEALTH SERVICES: Limited access to behavioral health care and inconsistent screening for substance use disorders impact maternal health.

RESTRICTED BLOOD AVAILABILITY can complicate the management of postpartum hemorrhage.

MEDICAL RECORD SHARING ISSUES: Inconsistent information exchange between tribal and community hospitals hinders coordinated care.

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

EXPAND ACCESS TO HOME MONITORING: Provide home blood pressure monitors to patients in remote areas to support early detection of hypertension-related complications.

ENHANCE LOCAL TRAINING CAPACITY: Increase the number of in-house Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) instructors to allow staff to complete the required certifications locally.

STRENGTHEN PERINATAL MENTAL HEALTH SERVICES: Improve availability and access to mental health care for pregnant and postpartum women.

INCREASE MATERNAL-FETAL MEDICINE (MFM) ACCESS: Schedule regular MFM specialist visits to the region, reducing the need for high-risk patients to travel to Anchorage for consultations.

EXPAND POSTPARTUM SUPPORT: Implement nurse-family partnerships to provide home visits for up to two years postpartum.

IMPROVE NEWBORN CARE ACCESS: Expand pediatric services in Homer to reduce the need for women to relocate to Anchorage when neonatal care is the primary concern.

ADVOCATE FOR PAYMENT PARITY: Certified nurse-midwives are reimbursed by Medicaid at 85% of physician rates for the same services. Payment parity would improve financial sustainability of maternity care services.

MATERNITY CARE PROVIDERS

Fetal Medicine specialist visits one week per month. The hospital engages family medicine practice doctors for deliveries, referring patients to OB/GYNs when cesarean delivery is necessary.

Providence Seward Medical Center (PSMC), Seward: PSMC is a 6-bed critical access hospital that offers inpatient and outpatient health care services, including a 24-hour emergency department, laboratory, and radiology services. The hospital does not provide labor and delivery services. Seward Community Health Center, located in the hospital building, offers primary care services including prenatal and postpartum care. Chugachmiut Regional Health Center also provides prenatal care in Seward.

Peninsula Community Health Services (PCHS): PCHS is a Federally Qualified Health Center offering services on a sliding fee scale for low-income residents. Clinics in Soldotna and Kenai provide medical, psychiatric, behavioral health, dental, and women's health services, including OB/GYN care.

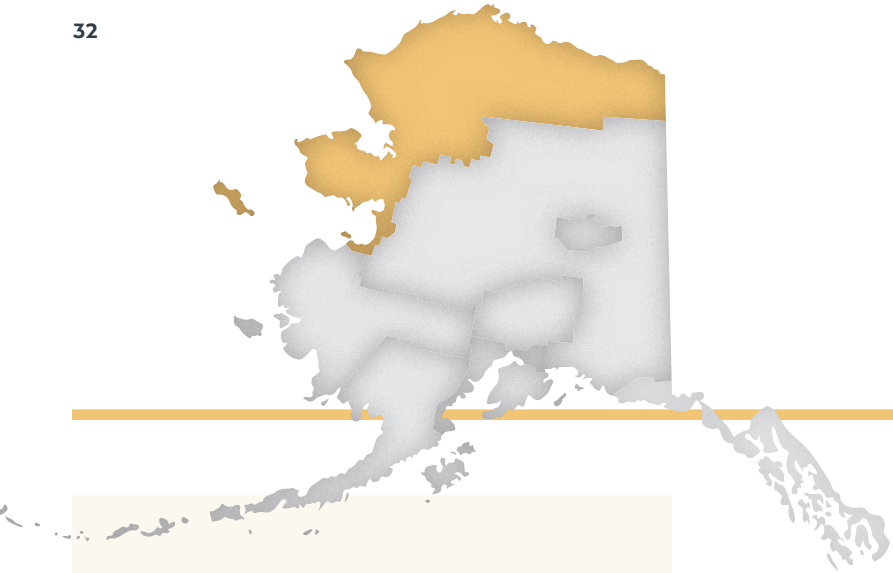
Kachemak Bay Family Planning Clinic, Homer: A community-based nonprofit providing sexual and reproductive health services and education throughout the Kenai Peninsula.

Homer Birth and Wellness Center, Homer: Certified direct-entry midwives offer prenatal, labor, delivery, and postpartum care at the center or at home. The midwives do not hold hospital privileges.

The Nesting Place, Soldotna: Certified direct-entry midwives provide prenatal, labor, delivery, and postpartum care at the center or in patients' homes without hospital privileges.

BEHAVIORAL HEALTH PROVIDERS:

In Homer, both private and hospital-affiliated providers manage behavioral health needs, with emergency cases handled in the Emergency Department. **Central Peninsula Hospital** is actively expanding its behavioral health team to address growing mental health concerns in the community.



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.

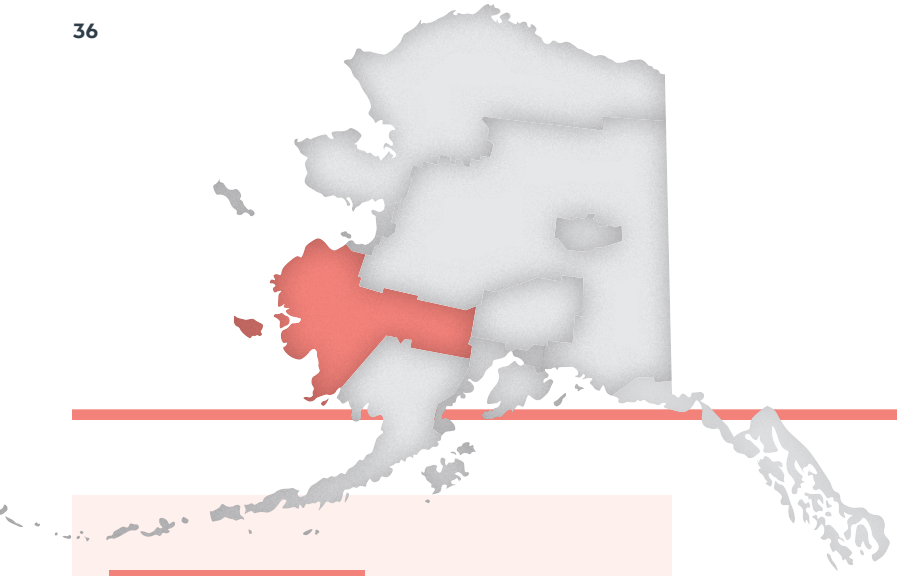
Some prenatal care is provided in the villages through CHA/Ps and itinerant healthcare providers, but people must travel to SSMH for labor and delivery. The Pre-Maternal Home serves as a temporary "home away from home" for pregnant people and their children that supports the traditional Iñupiat values 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.



YUKON-KUSKOKWIM DELTA REGION

REGION OVERVIEW

The Yukon-Kuskokwim (YK) Delta region of Alaska is a vast, remote, and predominantly Indigenous area covering more than 75,000 square miles. It is home to 27,000 people, the majority of whom are Yup'ik and Cup'ik Alaska Natives who live in 58 rural communities. Bethel, 400 air miles from Anchorage, is the largest community. It serves as an economic, healthcare, and transportation hub. The region is largely roadless, with most transportation relying on boats in the summer, snowmachines in the winter, and small aircraft year-round.

CULTURAL CONTEXT

The Yup'ik and Cup'ik culture is strong, and the languages remain widely spoken. The region is characterized by strong cultural traditions, subsistence lifestyles, and deep connections to the land. Despite past suppression, cultural revitalization now emphasizes self-determination, language preservation, and healing. Families rely on salmon, moose, waterfowl, and berries as primary food sources. Extended families live closely together, and kinship networks are strong, providing emotional and economic support. Adoption is culturally accepted and common.

MATERNAL HEALTH DATA SUMMARY

The YK Delta region faces significant maternal and infant health challenges, with the highest crude birth rate in Alaska, a teen birth rate over three times the statewide average, and a fertility rate nearly double the state rate. Preterm births and infant mortality are also more prevalent, while access to prenatal care remains limited. Medicaid plays a critical role in supporting birth outcomes in the region, covering 94% of births compared to 54% statewide.

	Y-K Delta	Statewide
General fertility rate	118.6	65.0
Teen birth rate	56.7	16.3
Preterm births	16.7%	10.0%
Low birth weight infants	8.8%	6.7%
Prenatal care in first trimester	53.0%	73.3%
Adequate or better prenatal care	39.3%	66.6%
Cesarean births among low-risk pregnancies	4.4%	18.5%
Cesarean births	9.3%	23.1%
Cigarette smoking during pregnancy	17.2%	9.3%
Infant mortality rate (2014-2023)	13.1	6.4
Crude Birth Rate	24.3	13.2
Average annual births	650	8,758
Medicaid Births (average annual)	609	5,128
% of births to Medicaid	94%	54%

All data 2019-2023 unless otherwise noted.

94%

births covered by Medicaid

SYSTEM OF CARE

Yukon-Kuskokwim Health Corporation (YKHC) provides OB care to approximately 600 patients annually, with one-third transferred to Anchorage for delivery. Initial prenatal visits take place in Bethel, with follow-ups conducted by Community Health Aides and Practitioners (CHA/Ps), nurse practitioners, or physician assistants. Patients from outlying villages must return to Bethel for anatomy scans, glucose challenge tests, and relocate at 36 weeks for delivery, or earlier if high-risk. Postpartum care includes a 24-to-48 hour hospital stay, follow-ups within three days of returning to the village, and additional visits at 7–14 days and six weeks postpartum.

Travel primarily relies on fixed-wing aircraft, with the limited option of boats during summer (when rivers are flowing) and snowmobiles during winter (when rivers are frozen).

YKHC operates a licensed 32-bed Pre-Maternal Home in Bethel, where pregnant people arrive about one month before their due date. Residents are housed four to a room, grouped by region, with classes and vaccination services provided during their stay. Medicaid covers the cost of housing, but other children and escorts are not allowed to stay at the facility.

Due to the hands-on nature of prenatal care, telehealth use for maternity services is limited but it is used for postpartum care and behavioral health whenever possible.

Births in YK Delta Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Yukon-Kuskokwim Delta Hospital	394	393	369	358	317	1,831	366		-19.54%
Total Births in YK Delta Hospital	**394**	**393**	**369**	**358**	**317**	**1,831**	**366**	**4%**	**-19.54%**
Total Births to Region Residents	**706**	**650**	**625**	**637**	**632**	**3,250**	**650**	**7%**	**-10.48%**
# Births leaving region	312	257	256	279	315	1,419	284		
% of births leaving region	44%	40%	41%	44%	50%	44%	44%		
# Births leaving region	334	325	329	338	292	1,618	324		
% of births leaving region	71%	66%	72%	77%	69%	71%	71%		

STRENGTHS

REDUCED POSTPARTUM HEMORRHAGE RATES: Yukon-Kuskokwim Health Corporation has successfully reduced postpartum hemorrhage rates by implementing innovative protocols, including liquid misoprostol for labor induction and the Jada System device for postpartum hemorrhage management, enhancing patient safety and care. They have focused on care plans and huddles for postpartum hemorrhage risk assessment and management. Upgraded postpartum hemorrhage carts provide improved accessibility to supplies and micro-cool drawers; the addition of a Jada System device promotes uterine contraction and reduces bleeding. These measures have enhanced maternal safety and outcomes in the region.

ENHANCED LACTATION SUPPORT: Nurses receive expanded lactation certification, ensuring mothers have access to high-quality breastfeeding guidance.

SUPPORTIVE PREMATERNAL HOUSING: A new prematernal housing facility groups patients by region, creating a strong support network. It also provides educational classes and vaccination services during extended stays, promoting overall maternal and infant well-being.

IMPROVED ACCESS TO PRENATAL CARE: Streamlined Medicaid processing helps ensure timely prenatal care, while case managers assist with travel logistics and appointments, reducing barriers to care.

MATERNITY CARE PROVIDERS

Yukon-Kuskokwim Health Corporation (YKHC): YKHC is a Tribal Health Organization that provides comprehensive healthcare services for 58 rural communities in southwest Alaska and is the only healthcare provider in the region. YKHC's healthcare delivery system includes community clinics in 41 villages, sub-regional clinics in five larger communities, a regional hospital in Bethel, dental and optometry services, behavioral health services, counseling and treatment for individuals with substance use disorders, health promotion and disease prevention programs, and environmental health services.

Yukon-Kuskokwim Delta Regional Hospital, Bethel: The 50-bed hospital offers outpatient family medicine, pediatric care, obstetrics and women's health, pharmacy, lab, and diagnostic imaging services. It houses the region's only emergency room and offers inpatient care, serves as a Level 4 Trauma center, and has limited surgical services on site.

Sub-Regional Clinics: Aniak, Emmonak, Hooper Bay, St. Mary's, and Toksook Bay: Larger sub-regional clinics in five "hub" communities have year-round advanced practice providers offering preventative and urgent care, limited prenatal care, laboratory tests, x-rays, and limited medications on site.

Village Clinics are located in 41 communities. They are staffed by Office Assistants and CHA/P who are certified by the State of Alaska to offer primary care services.

CHALLENGES

DELAYS IN FIRST-TRIMESTER CARE: Some pregnant people experience delays in prenatal appointments due to pending Medicaid approvals, which can impact high-risk pregnancies.

BEHAVIORAL HEALTH ACCESS: Clinician shortages and long wait times (up to three months unless in crisis) limit timely access to mental health services.

WEATHER-RELATED TRAVEL DISRUPTIONS: The region's remote location and harsh weather conditions can impact travel and delay access to healthcare and prenatal care.

LIMITED SURGICAL TRAINING: Providers need additional operating room training due to limited local surgical experience.

FAMILY-FRIENDLY HOUSING GAPS: There is insufficient housing for mothers with other children during prematernal stays, making extended stays challenging.

HIGH MATERNITY CARE SHORTAGE SCORES: All communities and clinics in the Y-K Delta Region have a MCTA (Maternity Care Target Area) score of at least 20, with many in the Bethel Census Area scoring 24—the highest level of maternity care shortages in Alaska.

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

EXPAND BEHAVIORAL HEALTH SERVICES: Prioritize postpartum mental health care and increase telehealth offerings to improve accessibility and support.

DEVELOP MIDWIFERY SERVICES: Explore adoption of a midwife model of care using Manillaq and ANMC as examples. The use of CNMs and doulas could strengthen care and improve outcomes.

STRENGTHEN LACTATION SUPPORT: Enhance post-discharge breastfeeding services and expand telehealth resources for continued lactation guidance.

HOUSING: Increase availability of family-friendly accommodation during prematernal stays.

EDUCATIONAL PROGRAMS: Expand parent education classes, including lactation and newborn care.

MEDICAID PROCESSING: Streamline approvals to minimize delays in accessing prenatal care and improve communication so women understand prenatal care can be accessed prior to Medicaid approval.

MATERNITY CARE PROVIDERS

PERINATAL CARE PROVIDERS

There are no birth centers or home birth services in the region

OBGYN: One specialist serves the region.

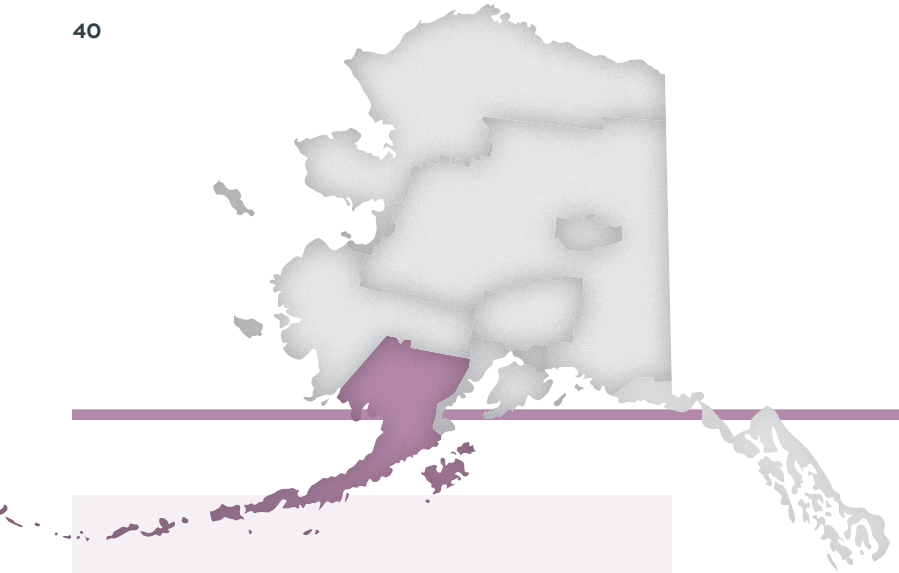
Family medicine with OB Services: Six providers, some with cesarean privileges.

Midwives: One CNM provides prenatal care only.

Women's Care & Support Center: Located next to the Pre-Maternal Home, the Center houses the case management staff and Centering Pregnancy prenatal care sessions.

BEHAVIORAL HEALTH PROVIDERS

YKHC offers mental health and substance abuse treatment services, including medication-assisted therapy for opioid addiction.



SOUTHWEST REGION

Aleutians East Borough, Aleutians West Census Area, Bristol Bay Borough, Dillingham Census Area, Kodiak Island Borough, and Lake and Peninsula Borough

REGION OVERVIEW

The Southwest region is a vast and diverse area. The total estimated population is 28,468 and includes an area of approximately 64,000 square miles. A remote and rugged region of the state, it is characterized by dramatic coastlines, volcanic islands, extensive fisheries, and strong Indigenous cultures. The maritime climate brings frequent storms, particularly along the Aleutian chain, while inland areas experience colder winters and milder summers. Many communities are only accessible by boat or plane, reinforcing strong subsistence traditions.

CULTURAL CONTEXT

The Southwest region of Alaska is home to Yup'ik, Alutiiq, and Aleut peoples, each with rich traditions and deep connections to the land and sea. These cultures emphasize subsistence practices, community resilience, and intergenerational knowledge sharing. Fishing, hunting, and gathering remain central to both cultural identity and local economies. The fishing industry plays an important role in the region. In Kodiak, Coast Guard families stationed there are an important part of the community and add to the number of births in the hospital.

MATERNAL HEALTH DATA SUMMARY

This region does not have a healthcare hub but is served by hospitals and clinics that all transfer care to Anchorage with no interaction between providers in the region. Maternal health indicators are similar to statewide trends, including prenatal care access, infant mortality, and preterm labor. Cesarean rates are slightly lower, but smoking during pregnancy is nearly twice as high. Only one hospital in the region offers labor and delivery; 85% of residents give birth outside the region, and 3.3% of births occur out of state—more than double the statewide rate. There is a clear need for expanded prenatal care, smoking cessation programs, and improved postpartum and neonatal services.

	Southwest	Statewide
General fertility rate	57.8	65.0
Teen birth rate	14.9	16.3
Preterm births	10.3%	10.0%
Low birth weight infants	6.5%	6.7%
Prenatal care in first trimester	72.6%	73.3%
Adequate of better prenatal care	65.2%	66.6%
Cesarean births among low-risk pregnancies	17.2%	18.5%
Cesarean births	20.3%	23.1%
Cigarette smoking during pregnancy	16.4%	9.3%
Infant mortality rate (2014-2023)	6.7	6.4
Crude Birth Rate	10.3	13.2
Average annual births	295	8,758
Medicaid Births (average annual)	175	5,128
% of births to Medicaid	59%	54%
Out of state births to resident Alaskans	49	578
% of resident births	3.3%	1.2%

All data 2019-2023 unless otherwise noted.

85%

of residents give birth outside the region

SYSTEM OF CARE

Each subregion works to meet maternity care needs in a unique way. Only one hospital offers labor and delivery services so most residents must travel to Anchorage for delivery. Prenatal care occurs in regional hubs and clinics, often staffed by Community Health Aides and Practitioners (CHA/Ps), nurse practitioners, and family medicine doctors. Providers may also travel to rural communities for prenatal visits to help bridge gaps in care, ensuring that women in isolated areas receive timely ultrasounds, lab work, and risk assessments without needing to make frequent, costly trips to a hospital. OB case managers play a crucial role in tracking patients from the time of a positive pregnancy test through delivery.

Kodiak Area Native Association (KANA) provides apartments in Kodiak where patients can stay with family members during the perinatal period.

Telehealth remains a useful tool for follow-up visits, consultations, and remote support, particularly for those in more isolated locations with in-person prenatal care, the preferred method.

Births in Southwest Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
Providence Kodiak Island Medical Center	94	133	118	122	83	550	110		-11.70%
Bristol Bay Area Health Corporation	25	**	**	**	**	25+	12		
Total Births in Southwest Hospitals	**119**	**133**	**118**	**122**	**83**	**575**	**122**	**1%**	**-30.25%**
Total Births to Region Residents	**278**	**332**	**303**	**308**	**255**	**1476**	**295**	**3%**	**-8.27%**
# Births leaving region	159	199	185	186	172	901	173		
% of births leaving region	57%	60%	61%	60%	67%	61%	59%		

*** Under 10 births*

STRENGTHS

PROVIDENCE KODIAK ISLAND MEDICAL CENTER (PKIMC): PKIMC excels in patient safety by tracking qualitative blood loss in deliveries and utilizing evidence-based obstetric practices. The facility conducts quarterly OB drills with simulation mannequins, ensuring staff preparedness. Internal labor and delivery training strengthens team competency, and LifeMed and Guardian provide on-island medevac support for urgent cases.

BRISTOL BAY AREA HEALTH CORPORATION (BBAHC): The hospital is well-equipped for emergency deliveries, featuring two Panda warmers and bubble CPAP systems and offers in-house medevac services, ensuring timely transport when needed. Staff receive Neonatal Resuscitation Program (NRP), Advanced Life Support in Obstetrics (ALSO), and STABLE training, maintaining high standards of care.

KODIAK AREA NATIVE ASSOCIATION (KANA): Providers maintain delivery proficiency by training at the Alaska Native Medical Center (ANMC) and they also benefit from real-time specialist consultations via TigerText. Monthly calls with ANMC OB specialists provide continuous learning and case reviews, ensuring coordinated, high-quality maternity care.

MATERNITY CARE PROVIDERS

Providence Kodiak Island Medical Center (PKIMC), Kodiak: PKIMC is a 25-bed critical access hospital that is part of the Providence Health system. The hospital staff includes primary care doctors, surgeons, and specialists in family medicine, pediatrics, general practice, internal medicine, obstetrics, and radiology. The birthing center features four family birthing suites and offers cesarean births, epidurals, and VBACs. OB services follow a hospitalist schedule with four physicians trained in C-section deliveries. The hospital does not have a NICU and can only deliver babies from 36 weeks' gestation. PKIMC has certified lactation consultants, nurses, and trained peer counselors available seven days a week to support breastfeeding and bottle-feeding. All Kodiak families, regardless of where the baby is born, can enroll in the free Kodiak KINDNESS Project, which offers breastfeeding and infant nutrition support throughout the baby's first year.

Kodiak Area Native Association (KANA): KANA operates a tribal health clinic serving the island. Two family medicine physicians provide prenatal care and deliveries in Kodiak or refer patients to Anchorage when needed. Rural tribal residents must travel via fixed-wing or float planes to reach Kodiak 2-4 weeks before due date. KANA providers conduct home village visits when possible and use telehealth with nurse support for prenatal assessments.

CHALLENGES

STAFFING CONSISTENCY: Reliance on travel nurses affects continuity of care and staff familiarity with community-specific needs.

LIMITED TRAINING OPPORTUNITIES: Local providers have fewer opportunities for hands-on experience with complex obstetric cases.

EMERGENCY DELIVERY CONFIDENCE: Due to the infrequent occurrence of emergency deliveries, staff may feel uncertain in high-pressure situations.

MEDICAID TRAVEL DELAYS: Non-urgent Medicaid travel requests require 7–10 days for approval, posing challenges for expectant mothers who need to relocate for delivery but face delays in securing transportation.

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

ENHANCE LABOR SUPPORT TRAINING: Implementing "Spinning Babies" training would improve staff skills in supporting laboring mothers and promote more effective birthing techniques.

EXPAND LOCAL DELIVERY OPTIONS: Reopening delivery services in Dillingham could enhance access to maternity care and reduce the need for long-distance travel.

STRENGTHEN EMERGENCY READINESS: Supporting providers to receive training and mentorship by spending time in higher volume birthing hospitals would build confidence for emergency deliveries.

STREAMLINE MEDICAID TRAVEL APPROVALS: Advocating for faster approval processes would reduce logistical barriers for expectant mothers needing travel support.

> **"At KANA, we are patient-centered. Our organization values all care but particularly prioritizes our vulnerable populations, including pediatrics, maternity, and elders."**
>
> — Dr. Gray, KANA

MATERNITY CARE PROVIDERS

Kodiak Community Health Center (KCHC): KCHC provides prenatal care through family medicine physicians and advanced practice registered nurses.

Bristol Bay Area Health Corporation (BBAHC), Dillingham: BBAHC, a Tribal Health Organization, provides healthcare services to 28 communities and operates 22 clinics in the Bristol Bay region. These villages are grouped into four sub-regions: Nushagak River & Bay Central, Southern, Western, and Kvichak Bay & North Side Peninsula. CHA/Ps offer primary and emergency care in the villages, with patients traveling to Dillingham for more advanced care. BBAHC's Kanakanak Hospital is a 16-bed critical access hospital providing inpatient and outpatient services, emergency care, medevac, dental, pharmacy, radiology, lab, mental health, and substance abuse services. Prenatal care is available; however, labor and delivery services were discontinued in 2019. Pregnant people are referred to ANMC or other Anchorage hospitals and must travel 2-4 weeks before their due date. Hospital staff are trained in emergency deliveries.

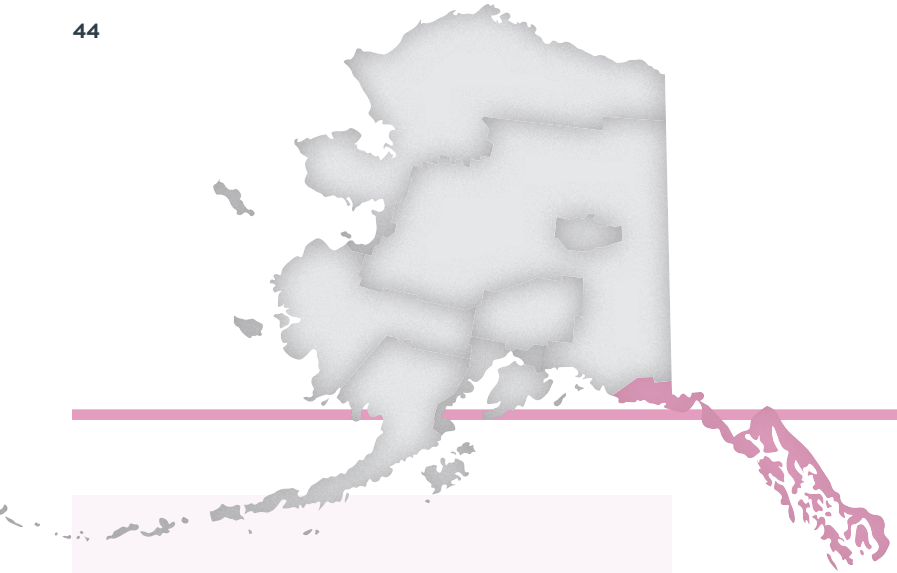
Iliuliuk Family and Health Services (IFHS), Unalaska: Unalaska is 800 air miles from Anchorage and the largest community in the Aleutian Islands with a population of 4,200 (2020). There is no hospital. IFHS provides prenatal care, including dating ultrasounds. Pregnant people must travel to receive anatomy scans and must leave to give birth by 36 weeks gestation. Monthly calls with an OB physician help local staff guide prenatal care planning. Emergency medevac services are available when needed.

HOME BIRTHS:

Home births in the region are rare, with most unplanned. Kodiak has a part-time private practice CNM who offers services.

BEHAVIORAL HEALTH PROVIDERS:

PKIMC screens using the Edinburgh scale and refers to services provided by psychiatrists and psychiatric nurse practitioners. Bristol Bay operates extensive behavioral health programs throughout the Bristol Bay region. Other clinics offer on-site and itinerant behavioral services.



SOUTHEAST REGION

REGION OVERVIEW

Southeast Alaska, also known as the Alaska Panhandle, is a narrow strip of land between the Pacific Ocean and British Columbia and includes over 1,000 islands. It's known for its glaciers, fjords, and temperate rainforest. Southeast Alaska has a land area of 35,138 square miles and a population of approximately 71,616 residents (2020 census). The largest cities in the region are Juneau, Sitka, and Ketchikan. The population in the region is decreasing or stagnant, especially in rural communities, due to limited economic opportunities, outmigration, and aging populations.

CULTURAL CONTEXT

Southeast Alaska is home to a mix of Alaska Native communities, fishing and tourism industries, and small, tightly-knit rural towns. The region is the traditional homeland of the Tlingit, Haida, and Tsimshian peoples, the original inhabitants whose cultures are deeply rooted in oral histories, traditional art, and ceremonial practices. Subsistence practices, including fishing, hunting, and gathering, continue to be vital for both sustenance and cultural identity.

MATERNAL HEALTH DATA SUMMARY

Southeast Alaska has lower crude and teen birth rates than Alaska overall, but higher rates of both early and adequate or better prenatal care and also cesarean births. The area has a higher rate of out-of-state births than the state overall, potentially due to the lack of birthing facilities in the region combined with proximity to the lower 48 states which can make travel out of state more feasible than travel to Anchorage.

	Southeast	Statewide
General fertility rate	49.6	65.0
Teen birth rate	7.7	16.3
Preterm births	9.6%	10.0%
Low birth weight infants	6.2%	6.7%
Prenatal care in first trimester	82.7%	73.3%
Adequate or better prenatal care	76.5%	66.6%
Cesarean births among low-risk pregnancies	26.8%	18.5%
Cesarean births	29.9%	23.1%
Cigarette smoking during pregnancy	8.8%	9.3%
Infant mortality rate (2014-2023)	6.0	6.4
Crude Birth Rate	9.2	13.2
Average annual births	664	8,758
Medicaid Births (average annual)	361	5,128
% of births to Medicaid	54%	59%
Out of state births to resident Alaskans	240	578
% of resident births	7.2%	1.2%

All data 2019-2023 unless otherwise noted.

SYSTEM OF CARE

There are no roads connecting communities in Southeast Alaska. This means travel by ferries, float planes, fixed-wing aircraft, or commercial flights is required for labor and delivery services for all communities outside of the three regional hubs of Juneau, Ketchikan, and Sitka. Pregnant people in rural communities also often need to travel to a regional hub for an ultrasound early in pregnancy and an anatomy scan around 20 weeks, and they are encouraged to relocate 2-4 weeks before their due dates and earlier for high-risk conditions. There is no NICU or pediatric specialty care in the region so any high-risk pregnancies or babies must travel outside the region.

SouthEast Alaska Regional Health Consortium (SEARHC) offers patient housing in Sitka for tribal beneficiaries delivering at Mount Edgecumbe Medical Center (MEMC) and Bartlett House in Juneau offers some patient housing. While Medicaid recipients can get approval for housing at hotels, those with private insurance often face out-of-pocket expenses.

Births in Southeast Region Hospitals/Birth Centers

	2019	2020	2021	2022	2023	5 year total	5 year average	% of statewide births	% change over 5 years
PeaceHealth Ketchikan Medical Center	151	158	160	139	138	746	149		-8.61%
Mount Edgecumbe Medical Center (MEMC)	79	87	80	79	82	407	81		3.80%
Bartlett Regional Hospital	304	294	292	274	297	1,461	292		-2.30%
Juneau Family Birth Center	31	17	26	27	26	127	25		-16.13%
Total Births in Southeast Hospitals*	**565**	**556**	**558**	**519**	**543**	**2,741**	**548**	**6%**	**-3.89%**
Total Births to Region Residents	**686**	**665**	**683**	**630**	**659**	**3,323**	**665**	**7%**	
# Births leaving region	121	109	125	111	116	582	116		
% of births leaving region							18%		

** does not include home births*

STRENGTHS

SOUTHEAST ALASKA HAS A VARIETY OF OPTIONS for prenatal care, including OB/GYN, Family medicine providers, a birth center, and home birth with direct-entry midwives. Rural clinics and hospitals that do not offer deliveries work closely with hospitals in Juneau, Sitka, and Ketchikan to ensure safe transfer of care for high-risk pregnancies.

SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM (SEARHC) offers maternity care that incorporates Alaska Native cultural traditions and is actively working to improve village maternity care through OB quality committees and grant initiatives. RN case managers track patients and hold weekly OB meetings, while quarterly field clinics allow family doctors to see high-risk patients directly in villages.

BARTLETT REGIONAL HOSPITAL enhances maternal care by conducting monthly drills on OB emergencies and actively participating in the Alaska Perinatal Quality Collaborative (AKPQC). Coordination of care continues to improve through regional collaboration and perinatal wraparound programs such as Parents as Teachers, providing additional support for families.

STRENGTHS

Bartlett Innovations

Bartlett Hello B.A.B.Y. (Building Alaskan Babies with You) is a pilot program, funded by the State of Alaska, that aims to coordinate and connect families with resources. Examples include pregnancy and parenting classes, childcare connections, navigating appointments, assist with baby supplies and diapers, providing transportation solutions, housing and employment assistance and finding counselors that specialize in pre/postnatal care.

Bartlett is in its first year of piloting a 5-year project called TELENEO Trial through the University of Washington that has neonatologists available remotely for newborns needing additional care.

STRENGTHS

PEACEHEALTH KETCHIKAN MEDICAL CENTER has implemented a 3-nurse-per-shift model, ensuring consistent coverage for emergencies regardless of patient census. This proactive staffing approach enhances patient safety and preparedness by maintaining a reliable level of care at all times. The hospital maintains a simulation library that provides hands-on training for maternal and neonatal emergencies, including the use of mannequins. This commitment to continuous learning helps staff remain prepared for high-risk situations.

TELEHEALTH HAS IMPROVED ACCESS to OB/GYN and maternal-fetal medicine specialists and some clinics now use telehealth technology for fetal monitoring, consultations, and maternal health assessments, reducing the need for travel.

CHALLENGES

LOW BIRTH VOLUME across a large region limits provider options. Only three hospitals offer labor and delivery, all with low volume and limited specialty care; two others have discontinued services. High-risk pregnancies often require travel to Anchorage or Seattle for advanced care.

FEW OPTIONS FOR TEMPORARY HOUSING and financial costs for extended stays create added stress for families. There is a lack of Medicaid approved hotels throughout the region, especially during the summer.

THE LOW NUMBER OF BIRTHS creates a fragile environment where changes in one provider practice can impact the sustainability of other providers. For example, the OB/GYN practice impacts family medicine physicians' delivery volumes.

BEHAVIORAL HEALTH CLINICIAN SHORTAGES, delays in appointments, and the absence of specialized programs for perinatal substance use disorders limit access to necessary care. There is a need for behavioral health treatment that allows babies to be present.

UNRELIABLE FERRY SERVICE from rural communities results in expensive air travel, making it even harder for patients to reach the care they need. Delays in Medicaid approval and travel authorizations can cause travel delays.

LACK OF AFFORDABLE HOUSING in the region as a whole impacts maternal health.

GAPS IN WELL-CHILD DATA COLLECTION and maternal screening contribute to missed opportunities for early intervention.

COLLABORATION and coordinating care between different facilities and providers is challenging but necessary to support the retention of providers.

MATERNITY CARE PROVIDERS

Bartlett Regional Hospital (BRH), Juneau: BRH, owned and operated by the City and Borough of Juneau, is the largest hospital in the region and provides labor and delivery services to Juneau and outlying communities. The hospital has 73 beds including a mother baby unit. Bartlett Beginnings' "rooming-in units" provide private suites where labor, delivery, and recovery all take place in one continuous setting. BRH has 24/7 on-call coverage for anesthesia and cesarean delivery along with full-time pediatric coverage. BRH will deliver babies at 36 weeks gestation. Certified nurse-midwives (CNMs) can offer care for low-risk deliveries, but most births are attended by physicians. BRH offers lactation services and behavioral health services.

In 2022, Bartlett Beginnings was recognized by The Joint Commission for excellence in breastfeeding care, achieving a 99% exclusive breast milk feeding rate throughout newborn hospitalization.

Bartlett offers Hello B.A.B.Y. (Building Alaskan Babies with You), an optional program for parents and their new babies. The program's goal is to offer information, connections, and services to new parents. The Hello B.A.B.Y. coordinator can answer questions and make connections to community programs. This program also helps facilitate timely behavioral health care for those needing it.

SouthEast Alaska Regional Health Consortium (SEARHC): SEARHC is a tribal health organization that provides services throughout the region to both Alaska Natives and non-Natives. SEARHC operates hospitals in Sitka and Wrangell and regional medical clinics in Juneau,

RECOMMENDATIONS / OPPORTUNITIES FOR IMPROVEMENT

EXPAND BEHAVIORAL HEALTH SERVICES and address staffing shortages and long wait times to access care.

INCREASE HOUSING OPPORTUNITIES, including family-friendly options, for pregnant people who must travel for birth.

OFFER MORE EDUCATIONAL PROGRAMS on parenting, lactation, and child development in rural areas along with support groups for parents.

STRENGTHEN INTEGRATION between healthcare facilities and local Tribes to enhance culturally appropriate care and improve overall maternal health outcomes.

EXPAND PERINATAL WRAPAROUND PROGRAMS such as Bartlett Hello B.A.B.Y. to help meet family basic needs such as housing, food, and transportation.

EXPANDED TELEHEALTH ACCESS could enhance care for rural residents.

SUPPORT THE GROWING INTEREST IN DOULA services including advocacy for Medicaid and insurance coverage so low-income people have access to doula services.

SEARHC Collaborative Care Program

SEARHC has been commended for expanding behavioral health services despite national downsizing trends. Through its Collaborative Care Program with the University of Washington, SEARHC integrates mental health and substance use services into primary care settings. This model involves a primary care team working with mental health professionals, including behavioral health care managers and consulting psychiatrists. A 2025 quality goal is to enhance depression screenings, particularly for postpartum depression.

> **"Alaska does a really good job at reimbursing by Medicaid at a sustainable rate for midwifery care, while we'd like to be paid more, we do better than the national rate."**
>
> — Madi Grimes CMP Juneau Family Birth Center

MATERNITY CARE PROVIDERS

Haines, and Klawock along with 27 clinics in smaller communities. SEARHC provides prenatal care at all clinics and arranges travel to larger clinics for services not available locally such as ultrasound, amniocentesis, etc.

Mt. Edgecumbe Medical Center (MEMC), Sitka: MEMC is a 25-bed critical access hospital operated by SEARHC serving as the primary referral hospital for Alaska Natives from rural Southeast communities. MEMC provides labor and delivery services with 24/7 on-call coverage for anesthesia and cesarean delivery, as well as an OB/GYN, who may be consulted for high-risk patients or operative deliveries when needed. MEMC is able to handle births at 36 weeks gestation and does not have specialized nursery or NICU services. MEMC is also recognized by the World Health Organization as a Baby-Friendly Hospital.

PeaceHealth Ketchikan Medical Center (PHKMC), Ketchikan: PHKMC is a nonprofit 25-bed critical access hospital operated by the PeaceHealth system. The New Beginnings Birthing Center provides labor, delivery, recovery and postpartum care all in the same room. The hospital has 24/7 on-call coverage for anesthesia and cesarean delivery. A team of OB/GYNs and CNMs work together to provide care. PHKMC is able to handle births at 36 weeks gestation and does not have specialized nursery or NICU services.

SEARHC Wrangell Medical Center, Wrangell: WMC is an 8-bed critical access hospital operated by SEARHC. The medical center provides prenatal and postpartum care but does not provide labor and delivery services. Pregnant people must travel out of town 2-4 weeks prior to their due date.

Petersburg Medical Center (PMC), Petersburg: PMC is a 12-bed critical access hospital owned by the City and Borough of Petersburg. The primary care clinic includes family medicine physicians and advanced practice providers who provide Women's health and obstetrical care but do not provide labor and delivery services. The clinic provides behavioral health services and medication-assisted treatment (MAT).

Pregnant people must leave town up to four weeks prior to the due date and choose where to go for delivery based on family connections, insurance, and tribal status. PMC staff receive training on emergency OB care to meet the needs of emergency unplanned births that occasionally happen in the community.

Juneau Family Birth Center (JFBC), Juneau: JFBC is a nonprofit health center offering midwifery care including prenatal care, birth center, or home birth deliveries using certified direct-entry midwives. The majority of patients, roughly 70%, are from Juneau, and telehealth is available for those residing outside of Juneau.

Baby Bean Doula Services, Juneau: Baby Bean Doula will attend hospital and home births and offer prenatal, labor, and postpartum support; prenatal and postpartum visits are available via telehealth. Scholarships or grants are sometimes available to cover the doula fee. Insurance and Medicaid do not cover the service.

PERINATAL CARE PROVIDERS

Juneau, Sitka, and Ketchikan have private practice clinics providing maternity care and deliveries at local hospitals.

Valley Medical Care in Juneau is a family medicine clinic staffed by family medicine physicians and advanced practice providers. They provide comprehensive prenatal and OB care including cesarean deliveries at Bartlett Regional Hospital. They have collaborative relationships with Maternal-Fetal Medicine physicians in Seattle and Anchorage to support high risk pregnancies.

Juneau OB/GYN Clinic provides comprehensive women's healthcare by OB/GYNs and a CNM. Formerly a private practice, Juneau OB/GYN has recently joined SEARHC but continues to operate separately.

BEHAVIORAL HEALTH PROVIDERS

Behavioral health services include private and tribal providers, such as counselors, advanced practice nurses, psychologists, and psychiatrists. There are no behavioral health providers specifically specializing in care during pregnancy or postpartum.

PART 3 Cross-Cutting Topics in Alaska Maternity Care

1 National Measures of Maternity Care

2 Maternity Care in the Tribal Health System

3 Medicaid for Maternity Care

4 Maternity Care Workforce

5 Maintaining Maternity Care in Rural Hospitals

6 Perinatal Behavioral Health

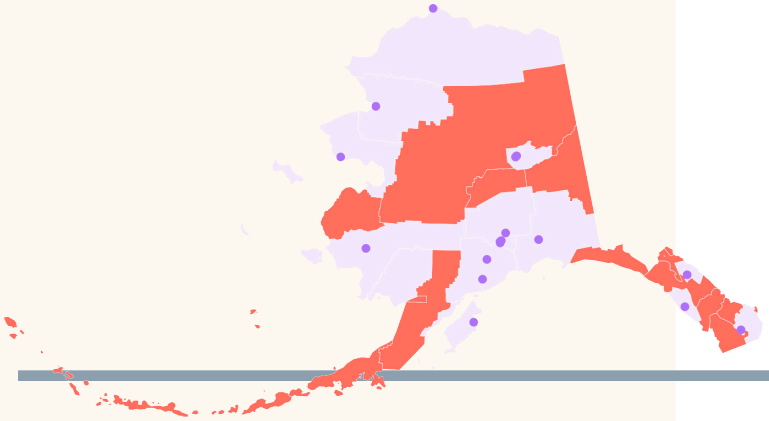
7 Maternal Health Disparities

8 Maternity Care in the Military System

9 Maternal Child Death Review Process & Recommendations

10 Out-of-Hospital Community Births

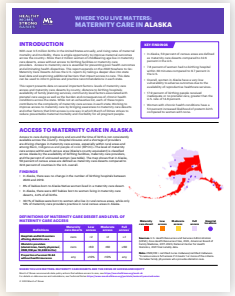
11 Alaska Perinatal Quality Collaborative



NATIONAL MEASURES OF MATERNITY CARE

Weaknesses of the Maternity Care Desert Model in Alaska

- Alaska has **boroughs and census areas**, not traditional counties, which may affect how well the model represents geographic barriers unique to the state. The maternity care desert measure is dependent on the number and size of counties in a state and fails to account for actual distance to maternity care services.
- The model does not fully capture the unique **transportation challenges** including the impact of long-distance travel, extreme weather, and medevac reliance, which are critical factors in Alaska's maternity care access.
- Many rural Alaskan communities rely on **tribal health facilities, community health aides, and midwifery services**, which may not be fully recognized in the model's classifications.
- Alaska needs **regional solutions** rather than relying on national benchmarks that do not account for the state's geography and demographics. A one-size-fits all solution often does not work for Alaska.
- The model does not consider **alternative strategies** to expand access such as home visits, telehealth services, housing and support in regional hubs, and improved transportation.


WHERE YOU LIVE MATTERS:
MATERNITY CARE IN ALASKA

INTRODUCTION

ACCESS TO MATERNITY CARE IN ALASKA

The Alaska maternity care system has a mix of strengths and weaknesses, shaped by the state's unique geographic and demographic challenges, that can make it difficult to successfully apply nationwide measures of access to maternity care and capture the unique challenges and opportunities present in Alaska. Two of those national measures include the March of Dimes' maternity care desert designation and the Health Resources and Services Administration (HRSA)'s Maternity Care Target Area (MCTA).

MATERNITY CARE DESERTS

In 2024, the March of Dimes released *Nowhere to Go: Maternity Care Deserts Across the US*, a national report on maternity care access in the United States. The report examines how factors like fertility rates, chronic disease, and social drivers of health (SDOH) influence access to care and explores the association between maternity care access and birth outcomes.

The report's maternity care access designations are based on 3 factors: the ratio of obstetric clinicians to births, the availability of birthing facilities, and the proportion of women without health insurance. Each county is classified into 1 of 4 categories: full access, moderate access, low access, or maternity care desert. Maternity care deserts are those counties with no obstetric care facility or obstetric providers, or regions further than 50 miles from critical care obstetric services. The measure also incorporates the proportion of women 18-64 without health insurance.[1]

The maternity care desert model may be a valuable tool for identifying and addressing gaps in maternity care, but Alaska's unique geography, transport barriers, and reliance on tribal health systems mean that local adaptations of the model are necessary to create effective, sustainable solutions. Applying this national methodology in Alaska results in locations being designated either a desert or providing full access and does not tell the whole story about access to maternity care in Alaska.

For example, the access measures assume if an obstetric provider and a hospital exist in a census area, there is full access to care, neglecting to consider the lack of surgical or specialized care and the high percent of people in rural areas who must travel long distances by plane for delivery. Eliminating maternity care deserts would require obstetric care facilities in very small communities without the volume or staffing to make services sustainable.

RECOMMENDATIONS

- **Identify new ways to categorize access to maternity care in Alaska.** For example, a recent study on preterm labor uses the following methodology. "Each residence community was categorized as 'low access' if not connected by road to a birth facility; 'medium access' if on the road system but >1-hour driving distance from a community with a birth facility; and 'high access' if the community contains a birth facility or is on the road system and <1-hour driving distance from a community with a birth facility."[4]

- **A useful metric to track over time could be the percentage of mothers whose births take place outside their community of residence.** According to the study, between 2000 and 2020, 19.3% (n=42 081) of mothers left their residence borough/census area for childbirth and 39.1% (n=85 315) of births took place in communities other than the mother's community of residence.[5] Tracking this in the future could help understand access to care.

- Effective solutions to improve access to care in Alaska will not revolve around building new birthing facilities no matter how access is defined. **Innovations such as telehealth and mobile prenatal care delivery** are needed along with much **stronger social support** for families who must travel outside their community for delivery.

MATERNITY CARE TARGET AREA (MCTA)

The Health Resources and Services Administration (HRSA) provides Maternity Care Target Area scores for communities to designate a shortage of maternity health care professionals. MCTAs are identified as supplementary scores within existing Primary Care Health Professional Shortage Areas (HPSAs) designed to focus specifically on maternity care.[2]

The MCTA designation is intended to:

- Identify areas with shortages of maternity care providers (especially OB-GYNs and family physicians who deliver babies).
- Guide the placement of National Health Service Corps (NHSC) clinicians—particularly those who provide maternity care.
- Support policy decisions and funding allocations to improve access to maternal health services in underserved areas.

HRSA assigns MCTA scores (0–25) based on key maternity care factors[3], including:

- Availability of Obstetric Providers: Number of OB/GYNs and certified nurse-midwives (CNMs) per population.
- Birth Rates: Demand for maternity care services in the area.
- Access Barriers: Distance to the nearest maternity care provider, insurance coverage, and transportation challenges.
- Socioeconomic Factors: Poverty levels, Medicaid reliance, and racial/ethnic disparities in maternal health outcomes.

In Alaska more than 300 locations have been assigned an MCTA score ranging from 6 to 24. Approximately 100 of these locations have a score of 20 or greater and 30 of these locations have a score of 24.

Areas with higher MCTA scores reflect a greater need for maternity care services and are eligible for targeted federal resources, funding, and workforce recruitment. While the MCTA scoring system is intended to support resource planning, in practice, hundreds of communities across Alaska have high scores. The longstanding challenges of providing maternity care in rural and remote parts of the state—such as workforce shortages and financial instability—are well documented. Simply having a high MCTA score does not resolve these complex issues.

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[1] *March of Dimes, Where you live matters: Maternity care access in Alaska, https://www.marchofdimes.org/peristats/reports/alaska/maternity-care-deserts*

[2] *HRSA designated shortage areas data tool. https://data.hrsa.gov/tools/shortage-area*

[3] *Maternity Care Target Areas Scoring ://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring*

[4] *Smith ML, et al. BMJ Public Health 2025;3:e001457. doi:10.1136/bmjph-2024-001457 1*

[5] *ibid*

MATERNITY CARE IN THE TRIBAL HEALTH SYSTEM

Tribal Health Organizations

Alaska Native Tribal Health Consortium
Aleutian Pribilof Islands Association
Arctic Slope Native Association
Bristol Bay Area Health Corporation
Chickaloon Village Traditional Council
Chugachmiut
Copper River Native Association
Council of Athabascan Tribal Governments
Eastern Aleutian Tribes
Karluk IRA Tribal Council
Kenaitze Indian Tribe
Ketchikan Indian Community
Kodiak Area Native Association
Maniilaq Association
Metlakatla Indian Community
Mt. Sanford Tribal Consortium
Native Village of Eklutna
Native Village of Eyak
Native Village of Tyonek
Ninilchik Traditional Council
Norton Sound Health Corporation
Seldovia Village Tribe
Southcentral Foundation
SouthEast Alaska Regional Health Consortium
Tanana Chiefs Conference
Valdez Native Tribe
Yakutat Tlingit Tribe
Yukon Kuskokwim Health Corporation

160,000

Alaska Native and American Indian people cared for by Alaska's Tribal Health System

Alaska's Tribal Health System is a network of 28 Tribal Health Organizations *(left)* delivering culturally appropriate care to over 160,000 Alaska Native and American Indian people statewide. Each organization serves specific regions under the Alaska Tribal Health Compact, which authorizes Tribal management of services formerly run by the Indian Health Service. They operate a range of facilities, including hospitals, health centers, community health aide clinics, and behavioral health services.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (ANTHC): ANTHC is the largest, most comprehensive Tribal health organization in the United States. In partnership with the Alaska Native and American Indian people and Tribal health organizations across Alaska, ANTHC provides medical services, wellness programs, disease research and prevention, rural provider training and rural water and sanitation systems construction. ANTHC and Southcentral Foundation operate programs and services at the Alaska Native Medical Center under the terms of Public Law 105-83.

ALASKA NATIVE MEDICAL CENTER (ANMC): ANMC manages approximately 1,500 deliveries per year. The hospital works in close partnership with rural health facilities to support high-risk deliveries for tribal health organizations statewide and offers 24/7 obstetric consultation via telehealth, including medevac coordination and commercial transport support for urgent cases.

SOUTHCENTRAL FOUNDATION (SCF): SCF plays a key role in statewide collaboration for maternity care through outpatient consultations, advanced obstetric ultrasound, and antenatal fetal testing. SCF certified nurse-midwives (CNMs) provide primary prenatal care through telehealth and local clinics, ensuring patients in remote areas receive continuous maternity care. SCF OB/GYNs travel to each region for field clinics and develop collaborative relationships with local maternity care teams at tribal organizations.

TRIBAL HEALTH ORGANIZATIONS RURAL HOSPITALS: THOs operate eight rural hospitals including seven critical access hospitals across rural Alaska, six of which provide labor

Access to Prenatal and Delivery Care

Barriers such as childcare challenges, financial concerns, and lack of escorts for travel frequently delay prenatal care. Social support programs aim to connect patients with alternative solutions to help them receive necessary services. However, relocating for delivery can cause significant stress for both the pregnant person and their family. When patients delay travel, the likelihood of emergency medevac transports or unplanned village deliveries increases—both of which pose significant health risks.

- **Referral Patterns:** Nurse case managers play a crucial role in coordinating prenatal and obstetric care, ensuring that patient records, test results, and ultrasounds are properly documented and shared with nurse midwives and OB providers. Their role is essential in tracking high-risk pregnancies, ensuring timely referrals, making transport arrangements, and providing follow-up care.

- **Prematernal Housing**: Housing is available in regional hubs and Anchorage for those receiving prenatal care or relocating for delivery. Medicaid will cover housing and meals for eligible recipients with prior authorization.

- **Telehealth Use:** Telehealth has become an increasingly valuable tool in prenatal care, offering direct-to-patient and direct-to-clinic obstetric consultations. It is especially beneficial for patients in remote areas, allowing them to receive pre-transfer evaluations, follow-up appointments, and fetal monitoring consultations without requiring extensive travel.

and delivery services. These hospitals serve as regional hubs for maternity care and collaborate with ANMC/SCF when a higher level of care is needed.

MIDWIFERY AND DOULA SERVICES:

Certified nurse-midwives (CNMs) are important maternity care providers at THOs. ANMC follows a midwifery-led care model, supported by CNMs with OB physician backup for higher-risk cases. Maniilaq Health Center relies on CNMs for most deliveries. Alaska Native doulas provide culturally centered birth support, strengthening community connections for patients, particularly those traveling from rural areas for delivery. The Alaska Native Birthworker Community is training and supporting doulas.

BEHAVIORAL HEALTH PROVIDERS:

Behavioral health care varies across the state, with access depending on regional THO resources. Some areas lack specialized perinatal mental health services, requiring patients to travel for care. Integrated behavioral health services are available at SCF and ANMC, offering 24-hour inpatient support and screenings for postpartum depression.

SYSTEM OF CARE

Maternity care begins at the village level with Community Health Aides/Practitioners (CHA/Ps) or advanced practice providers offering initial prenatal. Pregnant people often must travel to a regional hub for ultrasound or specialized care. Anchorage serves as Alaska's tertiary care hub for high-risk pregnancies, offering specialized maternal-fetal medicine, neonatal intensive care, and advanced obstetric interventions. ANMC plays a critical role in evaluating and improving rural maternity care practices, ensuring evidence-based guidelines shape policy and process improvements. ANMC also enhances care coordination between rural providers and specialists, optimizing maternal and infant health outcomes statewide.

MEDICAID AND THE TRIBAL HEALTH SYSTEM

Medicaid reimbursement is critical to maintain maternity care services across Alaska. Alaska Native and American Indians qualify for Medicaid coverage based on income, with no copays required at IHS or tribal facilities. Medicaid pays for maternity care services, transportation, housing, and mental health services and substance use treatment. Medicaid expansion in 2015 and postpartum expansion in 2024 expanded the number of Alaskan Natives eligible for Medicaid.

Tribal health organizations bill Medicaid directly for services provided. Reimbursement rates vary depending on the methodology selected by the tribal organization. The state receives 100% federal match for Medicaid services provided by tribal organizations which limits the financial impact of the Medicaid program on the state operating budget.

OPPORTUNITIES FOR IMPROVEMENT

There are opportunities for improvement to enhance maternity care access, improve maternal and infant health outcomes, and strengthen culturally competent care for Alaska Native and American Indian communities.

- **Standardize Electronic Health Records** (EHR): Implementing a unified EHR system across tribal health organizations could streamline referrals, improve care coordination, and reduce delays in transferring patient information.
- **Expand Pediatric Services in Rural Alaska**: Increasing access to pediatric care in rural communities would reduce the need for people to relocate to Anchorage for deliveries involving newborn complications.
- **Increase Inpatient Beds**: Expanding capacity for pregnant people struggling with substance use disorders would provide comprehensive prenatal and addiction care.
- **Enhance Provider Education & Training**: Improving training for rural healthcare professionals would strengthen their ability to manage obstetric emergencies and improve maternal health outcomes.
- **Address Referral Barriers**: Ensuring timely access to higher-level care for non-IHS beneficiaries would prevent gaps in service and improve patient outcomes.

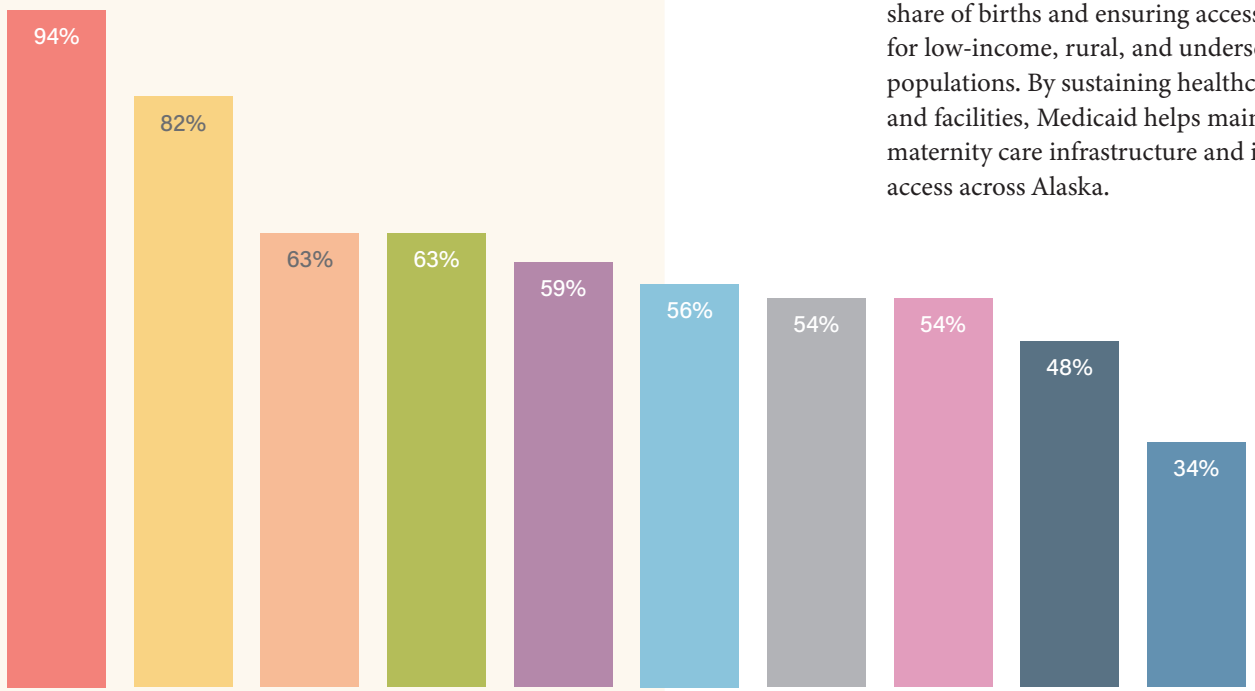
STRENGTHS

- Tribal health organizations provide an integrated care system through self-governance. They offer culturally competent care, advanced specialty services, telehealth use, preventive care, and community health aide services across vast areas of Alaska.
- ANMC leads maternity care improvements through collaborations with tribal health organizations to keep patients in their home communities for as long as possible. Low-volume labor and delivery providers have the opportunity to train at ANMC, enhancing their clinical skills and emergency response capabilities.
- Advanced obstetric life support training includes OB simulation exercises for medevac teams and rural providers, improving coordination between rural and urban care teams.
- Medication-assisted treatment (MAT) programs are integrated into pregnancy care, providing comprehensive addiction support services for pregnant people facing substance use challenges.
- ANMC conducts monthly meetings with partners, discussing safe care planning, service gaps, and opportunities for collaboration.

CHALLENGES

- Medicaid limitations prevent escorts from accompanying pregnant people for prenatal care, delivery, and postpartum care, which can increase stress and isolation for those traveling long distances.
- Communication inefficiencies remain a concern, as some tribal organizations rely on fax-based systems for transferring medical records. This can delay care coordination and referrals, particularly in urgent obstetric cases.
- Field clinics primarily focus on gynecological (GYN) care, with limited obstetric (OB) services available. Because these clinics operate intermittently, they are not equipped to handle time-sensitive pregnancy assessments, leading to delayed diagnostics and intervention for at-risk pregnancies.
- A shortage of community-based suboxone prescribers impacts continuity of care for pregnant patients requiring opioid addiction treatment. There is a need for increased provider availability in rural areas.

MEDICAID AND MATERNITY CARE



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

Medicaid is a cornerstone of Alaska's maternity care system, covering a significant share of births and ensuring access to care for low-income, rural, and underserved populations. By sustaining healthcare providers and facilities, Medicaid helps maintain the state's maternity care infrastructure and improves access across Alaska.

Rural and tribal communities, where private insurance options are limited, rely especially heavily on Medicaid for essential care. In the area of maternal health, Medicaid plays a critical role in supporting behavioral health services, which are essential for addressing perinatal mental health conditions and substance use disorders. It also provides transportation benefits, helping pregnant individuals in remote areas reach maternity care services.

Medicaid coverage includes pregnancy and childbirth, even if the pregnancy began before enrollment. Babies born to Medicaid enrollees are automatically covered and remain eligible for at least one year.

In February 2024, Alaska implemented a 12-month postpartum Medicaid coverage extension (increased from 60 days) and increased the income eligibility limit from 200% to 225% of the federal poverty level. This expansion, passed overwhelmingly in May 2023 (Senate Bill 58), improves access to postpartum care.

"Without access to Medicaid, my pregnancy would have been much more stressful and I wouldn't have had access to as good of care. Additionally, **without the Alaska Medicaid postpartum care extension, I would be suffering.** I am nearly 13 weeks postpartum and dealing with a perineal tear healing issue for which I still need medical appointments. When I'm healed, I will need physical therapy. Without the extension of my Medicaid to a full year postpartum, my access to this care would be much more limited and stressful on finances."

— Quote from a 2024
Alaska PRAMS survey respondent

MATERNITY CARE SERVICES COVERED BY ALASKA MEDICAID

Prenatal Care	Covered and reimbursed by a variety of healthcare providers.
Dental Services	No preauthorization required.
Prenatal Vitamins	Prescription required.
Ultrasounds	Covered with no prior authorization; No limits on the number of prenatal ultrasounds.
Home Blood Pressure Monitors	Covered when medically necessary, particularly for conditions such as preeclampsia or gestational diabetes.
Nutritional Counseling	Covered for gestational diabetes, though limits may apply to the number of visits or hours.
Certified Nurse-Midwife (CNM) and Direct-Entry Midwife (DEM) Services	Covered for all services within the licensure scope.
Childbirth at Hospital and Licensed Birth Centers	Covered
Postpartum Care	Covered for 12 months of postpartum with no limit on the number of covered visits.
Postpartum Depression Screening and Treatment	Reimbursement available as part of a well baby visit, but the amount is not adequate to cover the cost of implementing screening processes.
First Trimester Genetic Screenings (amniocentesis and Chorionic Villus Sampling)	Covered with prior authorization for high-risk pregnancies or age-related risks. Genetic counseling is included as part of an office visit.
Non-Emergency Medical Transportation (NEMT)	Provides access to care for those who may not have a means of getting to health care appointments. Includes options such as taxis, public transit, air, or ferry and is eligible for federal Medicaid matching funds.
Case Management Services	Limited to high-risk pregnancies.
Prenatal and Postpartum Home Visits	Visits by nurses or clinicians to address medical, social, and child-rearing needs.
Substance Use Disorder Services	Includes most services recommended by the American Society of Addiction Medicine (ASAM) to support treatment and recovery including residential services.

Medicaid Coverage for Long-Acting Reversible Contraception (LARC): LARC is highly effective, fully reversible, and cost-efficient, lasting 3–10 years. Immediate postpartum LARC provision is a clinically recommended intervention that allows patients to receive contraception without the need for additional appointments or travel and is a unique opportunity to optimize provision of health care during a time when all necessary workers and supplies are readily available. Medicaid reimburses postpartum LARC as an add-on payment to the DRG or through separate billing for tribal and critical access hospitals.

MATERNITY CARE SERVICES COVERED BY ALASKA MEDICAID

Breastfeeding Education and Breast Pumps	Electric and manual pumps are covered.
Long-Acting Reversible Contraception (LARC)	Covered, with an add-on payment for hospitals billing through the DRG payment. Critical access and tribal hospitals can bill directly for LARC.
Transportation and Housing Services	
Non-Emergency Medical Transportation	Medicaid covers air, ferry, and train transportation services with a specific eligibility code for pregnant women (11). Requires a service authorization requested by the recipient's referring medical provider.
Pre-Maternal Homes	Housing in licensed pre-maternal homes is covered, offering a critical resource for those traveling for care.
Hotels	Medicaid covers hotels as part of approved travel, however, in many communities there are not enough Medicaid housing providers.

SERVICES NOT COVERED BY ALASKA MEDICAID

(May be covered in other states)

Doula Services	Not covered, despite evidence showing benefits such as lower C-section rates, shorter labor, and improved breastfeeding initiation.
Lactation Consultations	Not covered for inpatient, outpatient, or home settings.
Childbirth and Parenting Education	Group prenatal visits and education classes are not covered. Many states provide separate reimbursement to providers.
Weight Scales for Home Use	Not covered as a pregnancy-related service.
Continuous Glucose Monitors	Not covered for gestational diabetes; covered by 35 other states.

Source: KFF Report on Medicaid Coverage of Pregnancy-Related Services

RECOMMENDATIONS

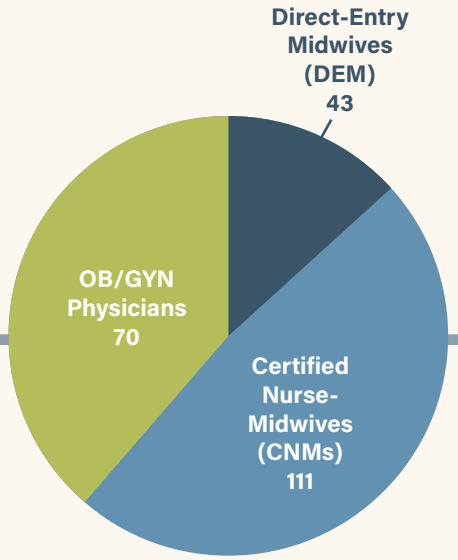
- **Advocate for Medicaid policy changes to allow travel escorts** for pregnant people who must relocate far from home for care to reduce stress and isolation.
- **Explore options for funding** to support **innovations in maternity care.** The Department of Health could seek funding to support new models of care, such as maternity care coordination, group prenatal care, maternity medical homes, doula services, and prenatal community health workers.
- **Increase Medicaid reimbursement rates for certified nurse-midwives** (CNMs) providing prenatal, labor and delivery, and postpartum care. Providing reimbursement parity with physicians would support the financial sustainability of midwifery-led care models.
- **Educate providers** on Medicaid reimbursement for immediate postpartum LARC placement to improve uptake and access.
- **Provide Medicaid reimbursement for doula services** from prenatal through postpartum. This would require a doula certification process to allow provider enrollment in Medicaid. This could be accomplished in partnership with community-based organizations.

STRENGTHS

- Alaska has a 12-month postpartum Medicaid coverage extension (increased from 60 days) and income eligibility limit of 225% of the federal poverty level (increased from 200%.)

CHALLENGES

- Federal funding opportunities exist to improve maternity care services through Medicaid, but the Alaska Department of Health has had limited capacity to pursue these funds.
- Doula services are not reimbursed by Medicaid, making it difficult to provide services to those most in need.
- Some Medicaid covered services are difficult for providers to bill or receive reimbursement for, and payment rates may be too low. Additionally, certain covered services are not available statewide.
- Delays in Medicaid eligibility determination can postpone the initiation of prenatal care, especially in the first trimester. The travel authorization process can delay access to early prenatal care.
- Many communities lack sufficient Medicaid-approved hotels, particularly during peak tourism and fishing seasons. Hotel reimbursement rates are outdated and fall well below market value.
- Medicaid policies limit support for pregnant people who must relocate for prenatal care or delivery. Escort travel is reimbursed only in limited cases including multiple gestation or for a minor. Many people traveling for delivery are unable to have pregnancy and labor support once transferred, often increasing stress, isolation, and logistical difficulties, particularly for those with children
- Medicaid does not cover housing during hospital stays, requiring patients to check out of their accommodation upon admission for delivery. This can create uncertainty about housing availability post discharge and leave family members without housing.



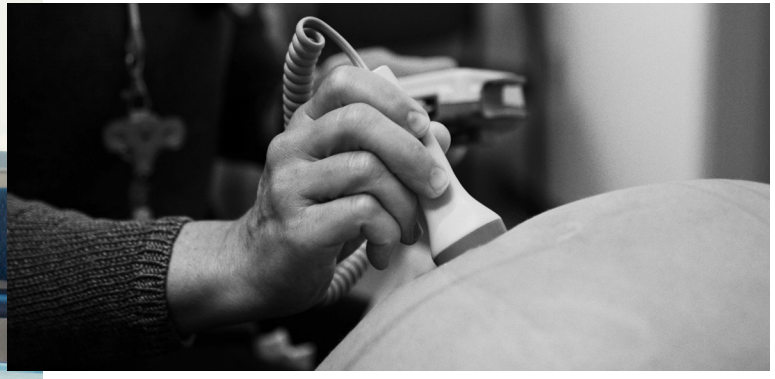
Licensed/Certified Maternity Care providers (2024)
Family Medicine Physicians providing OB services: no data available

MATERNITY CARE WORKFORCE

There are a number of major workforce challenges in maternity care in Alaska, including:

- A shortage of qualified healthcare providers, particularly in rural areas.
- High burnout rates among existing providers due to demanding work schedules and stress.
- Difficulty recruiting and retaining nurses with specialized obstetric training.
- Limited training opportunities for OB/GYN and certified nurse-midwives (CNMs).
- A lack of diversity within the maternity care workforce that can lead to disparities in care.

Despite these challenges, healthcare providers consult and support each other across the state and are generous with their time and expertise. Alaska relies on strong collaboration between different healthcare professionals involved in maternity care—including OB/GYN, maternal fetal specialists, family medicine physicians, CNMs, OB nurses, community health aides/practitioners (CHA/Ps), and doulas—who are finding creative solutions to meet the needs of Alaskans



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

RECOMMENDATIONS

- **Enhance Collaborative Care Models**: Strengthen partnerships between healthcare professionals to maximize their expertise in meeting patient needs.
- **Develop a Community-Based Doula Workforce**: Establish certification programs to enable Medicaid reimbursement for doula services.
- **Expand CNM Services for Low-Risk Deliveries**: Support development of CNM services for low-risk deliveries including payment parity by Medicaid and insurance plans. CNMs can focus on routine prenatal, deliveries, and postpartum care freeing OBs to manage high-risk cases.
- **Support Education and Training**: Expand opportunities for rural maternity care staff to get experience in higher volume facilities to maintain and expand skills. Expand programs to train a diverse workforce of Alaskans as CNMs.

STRENGTHS

- Certified Nurse-Midwives (CNMs): CNMs are licensed in Alaska as Advanced Practice Registered Nurses (APRNs), with full prescriptive authority and one of the strongest scopes of practice in the country. CNMs provide comprehensive women's healthcare, including gynecologic, prenatal, postpartum, and newborn care.
- High Midwife Utilization: Alaska has one of the highest rates of midwife-attended births—both CNM and direct-entry midwife (DEM)—supported by the tribal system, birth centers, and hospitals.
- Financial Incentives for CNMs: The tribal system benefits from Medicaid all-inclusive payment rates, making CNM-led care cost-effective.
- Growing Interest in Doulas: Doulas improve maternity care and often reflect the communities they serve, helping reduce disparities.
- OB Trained Family Medicine Physicians: Family medicine physicians who have completed OB fellowships/residency provide a wider array of services (including c-sections) at rural hospitals.
- Training for Emergency OB Care: The Alaska Hospital & Healthcare Association (AHHA) has developed an online OB Care in the ED training program for hospitals without labor and delivery services, launching for free in 2025.
- Community Health Aides/Practitioners (CHA/Ps): CHA/Ps provide initial prenatal care in villages throughout rural Alaska and connect with higher levels of care when necessary. They serve as eyes and ears on the ground in rural communities. This is a model unique to Alaska.

CHALLENGES

- Declining Family Medicine Physicians in OB Care: Increased specialization and reduced OB training in residency discourage family medicine physicians from pursuing maternity care, leading to provider shortages in rural areas.
- Shift Toward OB/GYN Specialists: Fewer family medicine physicians are being trained in OB. Hospitals are hiring more OB/GYNs due to reduced availability of family medicine along with increasing patient demand for specialty services.
- OB Nurse Shortages in Rural Areas: Low birth volumes make skill retention difficult, complicating recruitment and retention of nurses at rural hospitals.
- Medicaid Reimbursement Disparities: CNMs receive only 80% of the physician reimbursement rate for the same services.
- Lack of Medicaid Coverage for Doulas: Medicaid does not reimburse for doula services, making program sustainability difficult.
- Barriers to 1115 Medicaid Waiver Implementation: Challenges in developing services and securing reimbursement under 1115 waiver contribute to behavioral health workforce shortages.

MAINTAINING MATERNITY CARE IN RURAL HOSPITALS

Labor & Delivery Services Lost

Over the past 30 years, five hospitals in Alaska have discontinued providing birth services and one hospital closed completely. The following hospitals are no longer able to provide labor and delivery services:

- **Petersburg Medical Center**
- **Wrangell Medical Center**
- **Cordova Community Medical Center**
- **Bristol Bay/Kanakanak Hospital in Dillingham**
- **Providence Seward Medical Center**

Labor & Delivery Services Threatened

Currently three birthing hospitals in Alaska have volumes averaging less than 30 births per year. These hospitals work hard to maintain access to care for the pregnant people in their regions where the next nearest OB unit requires air travel or a long drive with winter weather sometimes making travel difficult or impossible.

Across the U.S.—including in Alaska—rural hospitals are increasingly closing their maternity units and discontinuing labor and delivery services. These closures are driven by financial strain, staffing shortages, and declining birth rates. As a result, pregnant individuals in rural areas are often forced to travel long distances for care, increasing the risk of poor maternal and infant health outcomes, including preterm births and emergency deliveries. The loss of local obstetric services also puts added pressure on emergency departments and regional hospitals.

In Alaska, where roughly 20% of the population lives in communities off the primary road system, accessing maternity care often requires travel by plane, boat, or snow machine. For many, childbirth involves weeks away from home in the final months of pregnancy. Maintaining labor and delivery services in low-volume rural hospitals presents a difficult balance between financial and safety concerns and the community's need for accessible maternity care. Hospital leaders face tough decisions: Can the labor and delivery unit continue operating safely, or must it close—knowing the risks that loss of access poses to the health and lives of pregnant individuals and their babies?

Declining birth rates across Alaska are a warning sign that it may get more difficult for small rural hospitals to maintain labor and delivery services in the coming years.

8 of the 13 rural critical access hospitals in Alaska provide labor and delivery services.

6 of these are tribal health organizations.

5 rural critical access hospitals don't provide labor and delivery services.

Why do Rural Hospitals Close OB Units?

There are a variety of reasons why rural hospitals close maternity care units. Key reasons include:

- **Financial Struggles:** Labor and delivery services are costly to maintain, requiring specialized staff and equipment. Many rural hospitals operate on thin margins, and low reimbursement rates make OB units financially fragile.
- **Declining Birth Rates:** The number of births at rural hospitals has declined in many places over the past five years. The population in rural areas is aging with declining birth rates.
- **Workforce Shortages:** Recruiting and retaining family medicine physicians with OB training, OB nurses, and anesthesiologists in rural areas is challenging. Without adequate staffing, hospitals cannot safely provide maternity care.
- **Patient safety concerns:** Maternity care providers may worry about providing safe care in a low birth volume environment and it can be difficult to recruit providers willing to provide the care.
- **Liability and Malpractice Costs:** Obstetric care carries high malpractice insurance costs, which can be prohibitive for small rural hospitals with limited budgets.

WHAT CAN BE DONE IN ALASKA TO SUPPORT RURAL HOSPITALS TO KEEP MATERNITY CARE ACCESSIBLE?

Alaska rural hospitals are working hard to maintain delivery services despite low volumes. Strategies to maintain services at rural hospitals include:

- Develop risk assessment protocols to help determine which people can safely deliver locally and which need to go to a larger facility before labor begins.
- Strengthen provider-to-provider telehealth infrastructure. Build strong connections with the tribal health system and/or other maternity care specialists who can support the hospital to maintain services. The tribal health system is a useful example of Anchorage-based OB providers traveling to rural areas and building strong relationships with rural providers.
- Hospitals can cross-train nurses so they can care for trauma and general medicine patients along with providing OB care.
- Regional partnerships to support OB training and preparedness through simulation training and opportunities for physicians, nurses, and certified nurse-midwives (CNMs) to spend time in higher volume facilities to keep skills current.
- Explore ways to increase reimbursement for rural maternity care by Medicaid and private insurance. Options could include maternity care standby payments or low volume payment adjustments.
- Educate hospital boards and community members on the essential need filled by low volume maternity care units and the need to maintain services through creative solutions and partnerships. Look beyond the bottom line to advocate for maintaining services.

PERINATAL BEHAVIORAL HEALTH

Overcoming Perinatal Behavioral Health Challenges

Key strategies to improve maternal and child outcomes:

- **Normalize perinatal mental health concerns.**
- **Provide compassionate and culturally responsive care.**
- **Expand access to screening, early intervention, and integrated behavioral health services.**
- **Address stigma, train providers, and strengthen referral networks.**

Alaska's Maternal Child Death Review (MCDR) Committee has emphasized these priorities in its recommendations, which include expanding provider training on behavioral assessments, increasing capacity to address interpersonal violence, improving access to safe storage of lethal means, promoting culturally informed crisis response, and reducing stigma around perinatal mental health.

10–20%
Perinatal depression

18–25%
Perinatal anxiety

Precent of birthing people experiencing mental health complications

Perinatal behavioral health includes a range of mental health conditions—such as depression, anxiety, PTSD, and substance use disorders—that occur during pregnancy or within one year after delivery. It also includes preexisting mental health conditions that continue into the perinatal period (AHRQ, 2023).

These disorders are common and represent major complications of pregnancy and postpartum health. In the U.S., 10–20% of women experience perinatal depression (Bauman, Ko, & Cox, 2020), and 18–25% experience perinatal anxiety globally (Dennis, Falah-Hassani, & Shiri, 2017). Mental health risks are heightened during the perinatal period, making psychological care a vital component of maternal and infant health (eClinicalMedicine, 2024).

While anyone can experience perinatal mental health issues, certain risk factors increase vulnerability, including extreme stress, poverty, migration, exposure to violence, conflict or disaster, and low social support (WHO, 2024).

Untreated behavioral health conditions can have serious consequences for both parent and child. Maternal depression can disrupt sleep, nutrition, and caregiving, while also hindering bonding, breastfeeding, and infant care. These challenges increase the risk of adverse outcomes such as preterm birth, stillbirth, and long-term developmental delays in children (WHO, 2024; Bauman, Ko, & Cox, 2020).

Despite growing awareness, there are still many barriers to care. Stigma, fear of judgment or consequences, and feelings of shame or guilt often prevent individuals from seeking help (Nonacs, 2024). Additional barriers include limited resources, lack of trained providers, inadequate referral systems, and the scarcity of perinatal mental health services—especially in remote areas.

The movement to integrate behavioral health into primary and acute care emerged as a best practice in the 1970s. Achieving the goal of a fully integrated system where behavioral health is seamlessly incorporated into all aspects of care with shared records and decision-making has been elusive, but there is broad recognition that the connections between mental, behavioral, and physical health require an integrated and collaborative approach.

MATERNAL HEALTH DISPARITIES

Particular Challenges in Alaska

Historical inequities, historical trauma, and effects of colonization have a significant effect on maternal outcomes for American Indian and Alaska Native (AI/AN) birthing people. (Alexander & Raj, 2025). According to the CDC, AI/AN maternal mortality rates—likeliness to die from pregnancy-related complications—are more than twice that of non-Hispanic, White rates (CDC, 2024). A lack of cultural competence, and cultural insensitivity within health care systems, may also result in a lack of trust for the system of care.

Geographic disparities for rural and underserved areas can also impact maternal health outcomes. Rural and remote communities often face limited access to essential and specialized healthcare services (Smith, Vertigan, Athauda, & Hahn, 2025). In Alaska, geographic comparison is not as simple as rural vs. urban. Unlike the rest of the country, many communities within the state are remote and off the road system which can make timely access to care a potential challenge.

63.4
AI/AN

55.9
Black

18.1
White

Pregnancy-related mortality rates per 100,000 birthing people

Glaring disparities in maternal and infant health persist across the United States. These inequalities are driven by a complex interplay of factors including social determinants of health, systemic racism, historical inequities, and geographic disparities. While each of these factors is significant on its own, they often overlap and interact, creating unique challenges for individuals with multiple marginalized identities.

Social determinants of health have a profound impact on health outcomes, often a greater impact than healthcare or genetics. In the Healthy People 2030 initiative through the US Department of Health and Human Services, social determinants of health (SDOH) are defined as conditions in the environment where people are born, live, learn, work, play, worship, and age that affect health functioning and quality of life outcomes and risks (HealthyPeople2030, 2024).

Nationally, housing security, violence, trauma, and alcohol and substance use, have been identified as key factors in maternal health by numerous national studies and play a significant role in maternal mortality rates. (Wang, Glacer, Howell, & Janevic, 2020). Unsurprisingly, these issues are also important challenges to maternal health in Alaska. Among the cases of maternal death between 2020 and 2022 reviewed by the Alaska Maternal Child Death Review (MCDR) Committee, 5% were attributed to housing insecurity, 2% were attributed to violence, 7% were attributed to trauma, and 15% were attributed to substance use.

Systemic racism, bias, and discrimination within the healthcare system significantly and negatively impact maternal and child health—racial disparities in maternal and infant health outcomes persist (CDC, 2024). Pregnancy-related mortality rates among American Indian and Alaska Native (AI/AN), and Black pregnant people are over three times higher than the rate for White pregnant people in the United States (Hill, Rao, Artiga, & Ranji, 2024). Across the country, mortality rates for infants born to Black, AI/AN, and Native Hawaiian or Pacific Islander (NHPI) people are significantly higher than those born to White people.

ADDRESSING MATERNAL AND CHILD HEALTH DISPARITIES

Addressing maternal and child health disparities requires a comprehensive and multi-pronged approach centered on health equity.

By actively addressing the social determinants of health, we can improve outcomes for all. This includes a concerted effort to improve access to care through initiatives like:

- expanding Medicaid coverage
- ensuring that healthcare is culturally competent and responsive to the diverse needs of communities

To reduce racial and ethnic disparities, it is crucial to:

- reassess outdated protocols
- identify trends and concerns within regions
- recognize the importance of implicit bias training
- increase diversity within the healthcare workforce

Finally, sustained advocacy for policy changes is essential to creating a system that truly supports the well-being of prenant people and children, including:

- expanding healthcare access
- strengthening maternal leave policies
- investing in critical maternal health research

MATERNITY CARE IN THE MILITARY SYSTEM

Differences Among Military Branches

While the Army, Air Force, and Coast Guard all provide maternity care, there are key differences in Alaska:

- **Army:** The Army primarily utilizes Bassett Army Community Hospital in Fort Wainwright and collaborates with civilian providers in remote areas.
- **Air Force:** The Air Force provides maternity care through JBER Hospital in Anchorage. If a service member becomes pregnant while stationed remotely, they may be relocated to an area with maternity services.
- **Coast Guard:** The Coast Guard relies more heavily on civilian healthcare partnerships, as many of its members are stationed in coastal communities without direct access to military hospitals.

Importance of Military Births in Local Hospitals

Military births in community hospitals play a crucial role in maintaining obstetric services in small Alaskan communities like Kodiak, Sitka, Ketchikan, and Juneau because hospitals rely on a minimum number of births to sustain their birthing units. Military families contribute significantly to this volume, helping to ensure the continued availability of these services for both military and civilian populations.

The military provides comprehensive maternity care, through a combination of military treatment facilities (MTFs) and partnerships with civilian healthcare providers including doula care, which is particularly valuable for military families. In some Alaskan communities, military births play a key role in sustaining local obstetric services.

Military maternity care in Alaska is delivered through a mix of on-base facilities and civilian hospitals. The two MTFs that provide birthing services are Joint Base Elmendorf-Richardson (JBER) Hospital in Anchorage and Bassett Army Community Hospital in Fairbanks. Clinics serving service members and dependents are located in Kodiak, Sitka, Ketchikan, and Juneau. Due to Alaska's vast geography and dispersed population, pregnant service members and spouses often travel long distances to access care and may at times relocate temporarily.

THE ROLE OF DOULA CARE

TRICARE covers doula services under the Childbirth and Breastfeeding Support Demonstration (CBSD), which allows TRICARE Prime and TRICARE Select enrollees to receive support from certified labor doulas. As of January 1, 2025, the CBSD covers up to six hours of prenatal and postpartum visits, divided into 15-minute increments, along with continuous support during labor. To qualify, beneficiaries must be at least 20 weeks pregnant and plan to give birth outside a military hospital.

Doula care is an increasingly recognized support service for military families, offering emotional, informational, and physical support before, during, and after childbirth. This service is especially beneficial in remote locations where access to extended family support is limited and costly.

Births in Military Hospitals

	2019	2020	2021	2022	2023	5 year total	5 year average	% change over 5 years
Joint Base Elmendorf-Richardson Hospital	637	604	440	522	474	2,677	535	-25.6%
Bassett Army Hospital	465	443	453	433	339	2,133	427	-27.10%

ALASKA MATERNAL CHILD DEATH REVIEW (MCDR)

Among 57 deaths reviewed during 2016-2022:

88%
Potentially preventable

72%
Drug/alcohol use or substance use disorders were documented

71%
History of being a victim or possible victim of interpersonal violence

44%
Associated with barriers to health care access

The Alaska Maternal and Child Death Review (MCDR) is an initiative that aims to identify causes and factors related to pregnancy-associated and infant deaths. MCDR is a multidisciplinary committee that includes healthcare providers, behavioral health clinicians, social service and violence intervention professionals, and first responders. The MCDR seeks to involve panelists who are Alaska Native, people of color, and who have experience working with rural Alaskans.

The MCDR follows a structured review process that includes identifying cases, collecting medical and social records, analyzing findings to determine risk factors, and formulating actionable recommendations. These recommendations are shared with healthcare providers, policymakers, and community stakeholders to implement and evaluate prevention strategies.

Pregnancy-associated mortality includes all deaths that occur while a birthing person is pregnant or within one year of the end of their pregnancy, due to any cause and regardless of the pregnancy outcome. MCDR determines whether a death is pregnancy-related and, if so, categorizes it based on specific codes for the underlying cause of death.

The review process also highlights systemic and social factors affecting maternal health, including barriers to healthcare access, provider-related issues, perinatal mental health disorders, and the influence of social determinants such as poverty, housing instability, and discrimination.

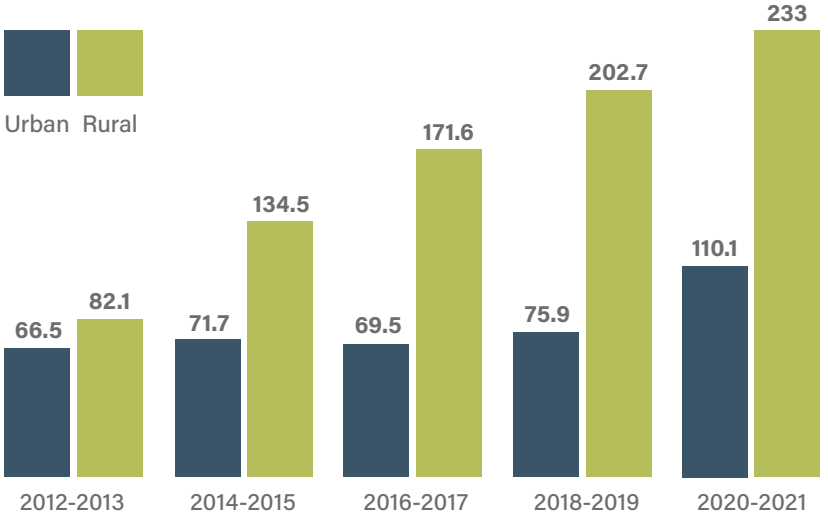
MCDR findings, highlighted in the *Alaska Pregnancy-Associated Mortality Update 2022*, reveal that, from 2012 to 2021, pregnancy-associated deaths rose by 184% in rural areas, compared to a 66% increase in urban areas. The increase in pregnancy-associated deaths in rural areas disproportionately impacts Alaska Native people.

MCDR Recommendations

To improve maternal and infant health, MCDR recommends:

- **Expanding healthcare access, particularly in rural areas**
- **Strengthening community-based programs for maternal and infant care**
- **Enhancing clinical training for providers to manage high-risk conditions**
- **Increasing mental health screenings and support services**
- **Addressing health disparities through culturally competent care**

Death Categorizations, 2015-2019. In addition, there were seven deaths of undetermined causes.



Mortality rates, 2012-2021 (per 100,000 live births)

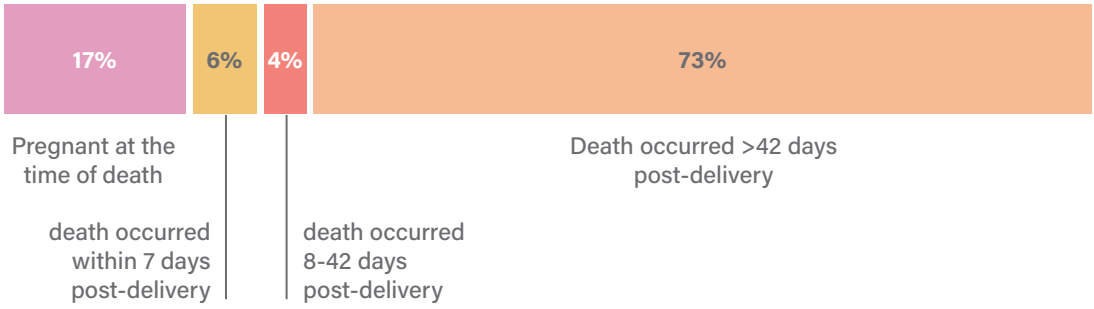
2012	10
2013	6
2014	9
2015	11
2016	12
2017	8
2018	10
2019	14
2020	8
2021	20

Pregnancy associated deaths, 2012-2021

The majority of deaths (73%) occur more than 42 days postpartum. Postpartum care may be limited in rural areas, making it harder to identify and treat complications such as infections, hypertension, or mental health crises.

Substance use disorders (SUDs) are indicated in 72% of deaths which may be a result of limited access to addiction treatment and mental health services in rural areas.

Among deaths in 2015-2019



OUT-OF-HOSPITAL BIRTHS

Geographic Isolation Does Not Drive Out-of-Hospital Births

Despite the rural nature of Alaska, geographic isolation does not appear to be driving the frequency of out-of-hospital births. Mat-Su and Kenai regions, both on the road system, have the highest percentage of community births in the state while the most rural areas have the lowest out-of-hospital births. Low rates in the Northwest region (2.4%) and YK Delta (2.0%) may be due to a lack of home or birth center options as well as the tribal system of regional care and transfer to Anchorage for deliveries. ANMC has a strong midwifery-led maternity care model which supports pregnant people.

7.6%
Alaska

2%
U.S.

Percent of births in community settings 2019-2023

Alaska has one of the highest proportions of out-of-hospital births in the United States—births that occur in locations other than a hospital, including freestanding birth centers, home births (both planned and unplanned), and other locations (clinic, etc.). People may choose to have their babies at home or in a community birth setting for many reasons, including feelings of comfort, control, safety, and trust, a desire for fewer medical interventions and reduced costs.

The Alaska Medicaid program pays for prenatal, delivery, and postpartum care provided by certified nurse-midwives (CNMs) or certified direct-entry midwives (DEMs) at home or in a free-standing birth center, in addition to paying for hospital-based services. This may increase the accessibility of community births compared to states where Medicaid does not pay for care outside a hospital. Uninsured people may choose a community birth to reduce the cost of care.

The Alaska Perinatal Quality Collaborative (AKPQC) has convened a multidisciplinary advisory committee for an initiative focused on improving maternal and neonatal transfers for planned community births. Studies suggest that birth outcomes are improved when community birth providers are integrated into the healthcare system with access to consultation and efficient transfers when escalation of care is needed. The committee has developed transfer guidelines and forms and seeks to support improvement in this area.

	Anchorage	Fairbanks + Interior	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Alaska statewide
Resident births	18,424	8,311	3,233	6,808	2,288	1,476	3,251	3,323	47,120
Community births	1,227	460	387	1,074	54	101	65	210	3,578
% of resident births	6.7%	5.50%	12.0%	15.8%	2.4%	6.8%	2.0%	6.3%	7.6%
Birthing center	872	251	211	727	25	33	<6	130	2,254
% of resident births	4.7%	3.00%	6.5%	10.7%	1.1%	2.2%	—	3.9%	4.8%
Home births (intended and unintended)	345	193	174	345	9	59	<6	70	1,200
% of resident births	1.9%	2.30%	5.4%	5.1%	*0.4%	4.0%	—	2.1%	2.5%

Data: 2019-2023

ALASKA PERINATAL QUALITY COLLABORATIVE (AKPQC)

Uniquely Structured for Alaska

Perinatal Quality Collaboratives, which exist in most states, are each uniquely structured to meet the needs of the population they serve. Alaska's backdrop necessitates strong collaborative efforts to optimize perinatal care based on its:

- **relatively small population**
- **finite financial resources**
- **vast geographical distances**
- **costly transport**
- **unpredictable weather**
- **scarcity of specialized care**
- **high hospital staff turnover**
- **competing health business entities**

The State of Alaska, Department of Health, Division of Public Health, Section of Women's, Children's and Family Health (WCFH) is the administrative partner to the AKPQC.

The Alaska Perinatal Quality Collaborative (AKPQC) was established to promote high-quality maternal and newborn care across Alaska with an overarching goal to eliminate preventable maternal and neonatal morbidity and mortality.

The AKPQC engages hospitals and birthing facilities in collaborative quality improvement on issues affecting maternal health through participation in the Alliance on Innovation for Maternal Health (AIM) Program. AIM is a national cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives. AKPQC has adapted AIM's evidence-based bundles of best practices to standardize and enhance care.

The AKPQC focuses on collaboration, data-driven improvement, evidence-based practices, and cultural sensitivity. It engages a diverse range of stakeholders to be inclusive of multiple perspectives and respectful of the varied cultural backgrounds of Alaskan families. Data analysis informs targeted interventions while AIM resources, along with other evidence-based practices, help ensure safe and effective care.

The AKPQC continues to evolve, adapting to Alaska's changing needs. Its future likely involves addressing care disparities, leveraging technology for remote access, and strengthening community partnerships. It is also bringing together key stakeholders to explore funding and partnership opportunities to develop a neonatal branch of the AKPQC and sustain maternal quality improvement efforts.

KEY INITIATIVES

Substance Affected Pregnancies Initiative (SAPI)

Substance-Exposed Newborns Initiative (SENI)

Obstetric Hemorrhage Initiative (OBHI)

Birth Transfer Initiative

Maternal Hypertension Initiative

PART 4 Appendix

MATERNAL AND INFANT OUTCOMES BY MODIFIED BEHAVIORAL HEALTH REGION

	Anchorage	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Fairbanks	Other Interior	Alaska Statewide	U.S. (most recent 5 years available)
General fertility rate	60.1	66.0	66.1	85.5	57.8	118.6	49.6	69.4	71.7	65.0	56.1
Teen birth rate	12.7	13.9	11.1	44.8	14.9	56.7	7.7	15.3	16.1	16.3	14.5
Preterm births	10.0%	7.0%	8.8%	12.7%	10.3%	16.7%	9.6%	8.9%	8.3%	10.0%	10.2%
Very preterm births	1.3%	1.1%	1.0%	1.9%	2.0%	2.3%	1.3%	1.0%	*0.5%	1.3%	1.6%
Low birth weight infants	7.0%	5.5%	5.7%	8.2%	6.5%	8.8%	6.2%	6.6%	5.3%	6.7%	8.4%
Very low birth weight infants	1.2%	0.9%	0.9%	1.4%	1.4%	1.7%	1.1%	0.9%	*0.4%	1.1%	1.4%
Prenatal care in first trimester	76.2%	71.5%	75.0%	69.6%	72.6%	53.0%	82.7%	73.3%	63.4%	73.3%	77.3%
Adequate of better prenatal care	67.6%	69.3%	74.9%	61.2%	65.2%	39.3%	76.5%	68.4%	50.7%	66.6%	n/a
Cesarean births among low-risk pregnancies	18.5%	22.0%	22.7%	6.5%	17.2%	4.4%	26.8%	16.4%	17.6%	18.5%	26.1%
Cesarean births	24.9%	23.6%	25.7%	11.3%	20.3%	9.3%	29.9%	23.2%	21.5%	23.1%	32.0%
Cigarette smoking during pregnancy	6.3%	8.0%	8.4%	33.7%	16.4%	17.2%	8.8%	5.6%	10.7%	9.3%	5.3%
Infant mortality rate (2014-2023)	5.7	5.2	4.1	11.5	6.7	13.1	6.0	5.7	3.6	6.4	5.5
Neonatal mortality rate (2014-2023)	3.3	*2.8	2.5	5.0	*2.9	5.8	*3.9	3.6	*2.0	3.7	3.6
Postneonatal mortality rate (2014-2023)	2.4	*2.4	1.6	6.5	*3.8	7.3	*2.1	2.1	suppressed	2.7	2.0

	Anchorage	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Fairbanks	Other Interior	Alaska Statewide	U.S. (most recent 5 years available)
Crude Birth Rate	12.7	10.9	12.4	16.2	10.3	24.3	9.2	14.3	12.2	17.3	11.2
Average annual births	3,685	646	1,362	458	295	650	664	1,376	286	9,422	
Average annual population of females age 15-44 years	61,325	9,792	20,608	5,355	5,105	5,474	13,391	19,820	3,991	107,659	
Average annual population for crude birth rate	291,257	59,415	109,575	28,325	28,505	26,745	72,201	96,299	23,446	543,822	

*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.

MATERNAL AND INFANT OUTCOMES BY MODIFIED BEHAVIORAL HEALTH REGION

	Anchorage	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Fairbanks	Other Interior	Alaska Statewide	U.S. (most recent 5 years available)
Resident births	18,424	3,233	6,808	2,288	1,476	3,251	3,323	6,880	1,431	47,120	18,284,565
Fetal Deaths	105	20	33	22	14	24	11	41	13	285	103,582
Births+Fetal Deaths	18,529	3,253	6,841	2,310	1,490	3,275	3,334	6,921	1,444	47,405	18,388,147
Fetal Death Rate	5.7	6.1	4.8	9.5	*9.4	7.3	*3.3	5.9	*9.0	6.0	5.6
Infant Mortality Rate	5.9	*5.0	4.6	10.5	*7.5	15.7	6.0	5	sup-pressed	6.4	5.5
Infant Deaths	109	16	31	24	11	51	20	34	<6	301	101,101

	Anchorage	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Fairbanks	Other Interior	Alaska Statewide	U.S. (most recent 5 years available)
Medicaid Births (average annual)	1,783	407	764	374	175	609	361	473	181	5,128	5,128
% of births to Medicaid	48%	63%	56%	82%	59%	94%	54%	34%	63%	54%	

	Anchorage	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Fairbanks	Other Interior	Alaska Statewide	U.S. (most recent 5 years available)
Out-of-State Births to resident Alaskans	103	15	39	29	49	20	240	47	24	578	
% of resident births	0.6%	0.5%	0.6%	1.3%	3.3%	0.6%	7.2%	0.7%	1.7%	1.2%	

All data are from 2019-2023 unless otherwise noted.

*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.

Source for Alaska indicators: Health Analytics and Vital Records Section (HAVRS), Division of Public Health, Alaska Department of Health

Source for U.S. indicators: National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

Source for Crude Birth Rate: World Bank, Crude Birth Rate for the United States [SPDYNCBRTINUSA], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/SPDYNCBRTINUSA, December 27, 2024.

Source for Alaska population estimates: http://live.laborstats.alaska.gov/pop/index.cfm

Source for U.S.: National Center for Health Statistics, 2023 is provisional

Data prepared by Kaerin Stephens, MCH Epi Analyst, in December 2024 & January 2025

BIRTHS BY HOSPITALS/BIRTHING CENTER BY REGION

	2019	2020	2021	2022	2023	5 year total	5 year average	% change over 5 years
Statewide Births by residence	9,832	9,485	9,412	9,366	9,022	47,117	9,423	8.24%
ANCHORAGE								
Alaska Regional Hospital	519	506	547	566	530	2,668	534	2.1%
Providence Alaska Medical Center	2,466	2,334	2,239	2,177	2,067	11,283	2257	-16.2%
Joint Base Elmendorf-Richardson Hospital	637	604	440	522	474	2,677	535	-25.6%
Alaska Native Medical Center	1,492	1,432	1,440	1,491	1,475	7,330	1466	-1.1%
Anchorage Birth Center	48	49	40	56	53	246	49	10.4%
Haven Midwifery and Birth Center	23	34	54	68	69	248	50	200.0%
Geneva Woods Birth Center	91	99	90	86	70	436	87	-23.1%
Total Births in Anchorage Hospitals/ Birth Centers*	5,276	5,058	4,850	4,966	4,738	24,888	4,978	-10.2%
Total Births to Region Residents	3,937	3,763	3,578	3,634	3,511	18,423	3,685	
# Births from outside of region	1,339	1,295	1,272	1,332	1,227	6,465	1,293	
% of births from outside of region	25%	26%	26%	27%	26%	26%	26%	
MAT SU								
Mat-Su Regional Medical Center	748	672	763	763	750	3,696	739	0.27%
Mat-Su Midwifery - Wasilla	66	64	57	93	82	362	72	24.24%
Labor Of Love Midwifery - Wasilla	37	49	37	28	**	151+	31	
New Life Midwifery & Birth Center - Palmer	11	**	12	**	19	442+	12	72.73%
Integrated Women's Wellness & Center For Birth - Wasilla	39	29	**	**	**	68+	23	
Total Births in Mat Su Hospitals/ Birth Centers*	901	814	869	884	851	4,319	877	-5.55%
Total Births to Region Residents	1,369	1,341	1,345	1,415	1,338	6,808	1,362	
# Births not at region facilities	468	527	476	531	487	2,489	485	
% births not at region facilities	34%	39%	35%	38%	36%	37%	36%	

* does not include home births
** under 10 births

BIRTHS BY HOSPITALS/BIRTHING CENTER BY REGION

	2019	2020	2021	2022	2023	5 year total	5 year average	% change over 5 years
OTHER INTERIOR								
Providence Valdez Medical Center	31	27	29	17	18	122	24	-41.94%
Total Births in Interior Hospitals/ Birth Centers	31	27	29	17	18	122	24	
Total Births to Region Residents	305	285	293	276	272	1,431	286	
# Births leaving region	274	258	264	259	254	1,309	262	
% of births leaving region	90%	91%	90%	94%	93%	91%	91%	
FAIRBANKS								
Fairbanks Memorial Hospital	982	989	1092	1,038	1,000	5,101	1,020	1.83%
Bassett Army Hospital	465	443	453	433	339	2,133	427	-27.10%
CLOSED - Alaska Family Health and Birth Center	58	40	40	34	14	186	37	
Total Births in Interior Hospitals/ Birth Centers	1,505	1,472	1,585	1,505	1,353	7,420	1,484	
Total Births to Region Residents	1,382	1,333	1,485	1,397	1,283	6,880	1,376	
# Births coming to region	123	139	100	108	70	540	108	
NORTHWEST								
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	
Total Births to Residents	470	496	457	439	426	2,288	458	
# Births leaving region	334	325	329	338	292	1618	324	
% of births leaving region	71%	66%	72%	77%	69%	71%	71%	

* does not include home births
** under 10 births

BIRTHS BY HOSPITALS/BIRTHING CENTER BY REGION

	2019	2020	2021	2022	2023	5 year total	5 year average	% change over 5 years
Y-K DELTA								
Yukon-Kuskokwim Delta Hospital	394	393	369	358	317	1,831		-19.54%
Total Births in YK Delta Hospital	394	393	369	358	317	1,831	366	-19.54%
Total Births to Region Residents	706	650	625	637	632	3,250	650	-10.48%
# Births leaving region	312	257	256	279	315	1,419	284	
% of births leaving region	44%	40%	41%	44%	50%	44%	44%	
SOUTHWEST								
Providence Kodiak Island Medical Center	94	133	118	122	83	550	110	-11.70%
Bristol Bay Area Health Corporation	25	**	**	**	**		12	
Total Births in Southwest Hospitals	119	133	118	122	83	575	122	-30.25%
Total Births to Region Residents	278	332	303	308	255	1,476	295	-8.27%
# Births leaving region	159	199	185	186	172	901	173	
% of births leaving region	57%	60%	61%	60%	67%	61%	59%	
KENAI								
Central Peninsula Hospital	393	364	346	334	375	1,812	362	-4.58%
South Peninsula Hospital	152	114	140	141	114	661	132	-25.00%
Homer Birth and Wellness Center	11	13	18	16	12	70	14	9.09%
Total Births in Kenai Hospitals/BC*	556	491	504	491	501	2,543	509	-9.89%
Total Births to Region Residents	697	620	643	629	643	3,232	646	
# Births leaving region	141	129	139	138	142	689	138	
% of births leaving region	20%	21%	22%	22%	22%	0%	21%	

* does not include home births
** under 10 births

BIRTHS BY HOSPITALS/BIRTHING CENTER BY REGION

	2019	2020	2021	2022	2023	5 year total	5 year average	% change over 5 years
SOUTHEAST								
PeaceHealth Ketchikan Medical Center	151	158	160	139	138	746	149	-8.61%
SEARHC Mt. Edgecumbe Hospital	79	87	80	79	82	407	81	3.80%
Bartlett Regional Hospital	304	294	292	274	297	1,461	292	-2.30%
Juneau Family Birth Center	31	17	26	27	26	127	25	-16.13%
Total Births in Southeast Hospitals*	565	556	558	519	543	2,741	548	-3.89%
Total Births to Region Residents	686	665	683	630	659	3,323	665	
# Births leaving region	121	109	125	111	116	582	116	
% of births leaving region							18%	
Total Births in AK Hospitals & Birth Centers	**9,483**	**9,115**	**9,010**	**8,963**	**8,538**	**45,109**	**9,042**	**-10.0%**

* does not include home births
** under 10 births

COMMUNITY BIRTHS OCCURRING OUT OF HOSPITAL, 2019-2023

	Anchorage	Interior (Fairbanks + Other Interior)	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Alaska statewide
Resident births	18,424	8,311	3,233	6,808	2,288	1,476	3,251	3,323	47,120
Community births to resident Alaskans	1,227	460	387	1,074	54	101	65	210	3,578
% of resident births	6.7%	5.50%	12.0%	15.8%	2.4%	6.8%	2.0%	6.3%	7.6%
Birthing center	872	251	211	727	25	33	<6	130	2,254
% of resident births	4.7%	3.00%	6.5%	10.7%	1.1%	2.2%	suppressed	3.9%	4.8%
Home births (intended and unintended)	345	193	174	345	9	59	<6	70	1,200
% of resident births	1.9%	2.30%	5.4%	5.1%	*0.4%	4.0%	suppressed	2.1%	2.5%
Other than home or birthing center	10	16	<6	<6	20	9	55	10	124
% of resident births	*0.1%	*0.2%	suppressed	suppressed	0.9%	*0.6%	1.7%	*0.3%	0.3%

In 2020, 2% of births in U.S. were either at home or in a birthing center.

Source: https://pubmed.ncbi.nlm.nih.gov/35218065/

*Percentages based upon fewer than 20 occurrences are statistically unreliable and should be used with caution. Percentages based on fewer than 6 occurrences are not reported.

BIRTHS BY RESIDENCE REGION, 2019-2023

	2019	2020	2021	2022	2023	5 year total	5 year average	% change over 5 years	% of statewide births (average)
STATEWIDE Births by residence	9,832	9,485	9,412	9,366	9,022	47,117	9,423	-8.24%	100%
ANCHORAGE, Total Births to Region Residents	3,937	3,763	3,578	3,634	3,511	18,423	3,685	-10.82%	39%
MAT SU, Total Births to Region Residents	1,369	1,341	1,345	1,415	1,338	6,808	1,362	-2.26%	14%
OTHER INTERIOR, Total Births to Region Residents	305	285	293	276	272	1,431	286	-10.82%	3%
FAIRBANKS, Total Births to Region Residents	1,382	1,333	1,485	1,397	1,283	6,880	1,376	-7.16%	15%
NORTHWEST, Total Births to Residents	470	496	457	439	426	2,288	458	-9.36%	5%
Y-K DELTA, Total Births to Region Residents	706	650	625	637	632	3,250	650	-10.48%	7%
SOUTHWEST, Total Births to Region Residents	278	332	303	308	255	1,476	295	-8.27%	3%
KENAI, Total Births to Region Residents	697	620	643	629	643	3,232	646	-7.75%	7%
SOUTHEAST, Total Births to Region Residents	686	665	683	630	659	3,323	665	-3.94%	7%

BIRTHS AND INFANT AND FETAL DEATHS, 2019-2023

	Fairbanks	Other Interior	Interior	Kenai	Mat-Su	Northwest	Southwest	Y-K Delta	Southeast	Alaska	U.S.
Births	6,880	1,431	8,311	3,232	6,808	2,288	1,476	3,250	3,323	47,120	18,284,565
Fetal Deaths	41	13	54	20	33	22	14	24	11	285	103,582
Births+Fetal Deaths	6,921	1,444	8,365	3,252	6,841	2,310	1,490	3,274	3,334	47,405	18,388,147
Fetal Death Rate	5.9	*9.0	6.5	6.2	4.8	9.5	*9.4	7.3	*3.3	6.0	5.6
Infant Mortality Rate	4.9	suppressed	4.7	*5.0	4.6	10.5	*7.5	15.7	6.0	6.4	5.5
Infant Deaths	34	<6	39	16	31	24	11	51	20	301	101,101

LIST OF PEOPLE WHO WERE INTERVIEWED OR PROVIDED INPUT INTO REPORT CONTENT

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Anjali Madeira	SouthCentral Foundation
Betty Bekemeier	University of Washington
Bonnie Saxum	Providence Valdez Medical Center
Bruck Cliff	Bruck Cliff Family Medicine
Carly Allen	SEARHC Wrangell Medical Center
Cate Buley	SEARHC
Chrissy Rodriguez	Alaska Native Medical Center
Danette Schloeder	Providence Alaska Medical Center
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David Lane	JBER
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Ellie Hogenson	Chena Health
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Jay Vogel	Providence Alaska Medical Center
Joelle Burdick	South Peninsula Hospital
Kathryn Ault	South Peninsula Hospital
Katie Gray	Kodiak Area Native Association
Katie Van Atta	Mat Su Midwifery

Name	Organization
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Kristin Sublett	Chief Andrew Isacc Health Center
Lauren Heide	Baby Bean Doula
Lieutenant Shanna	US Coast Guard Clinic Kodiak
Lisa Harrison	Wild Iris Family Medicine
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