

CASE STUDY

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Maniilaq Health Center: Providing High-Quality Obstetric Care to American Indian/Alaska Native People in Rural Kotzebue, Alaska

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Key Findings

- Integration of cultural values and practices in maternity units is a powerful tool to improve patient health and well-being.
- The Maniilaq Social-Medicine Program improves whole-patient care in rural, isolated populations.
- Training community members lessens staffing difficulties and increases culturally-centered care within the facility.

Purpose

The purpose of this case study is to highlight a hospital providing care to rural American Indian and Alaska Native (AI/AN) patients within the state of Alaska. The case study examines the maternity care context with attention to the intersection of race and geography with social determinants of health to inform clinical and policy efforts to improve rural maternal health and health equity in Alaska and beyond.

Background and Policy Context

The United States has one of the highest rates of maternal mortality compared to other developed countries, and most maternal deaths are preventable.^{1,2,3} Rural communities that are majority Black, Indigenous, and People of Color (BIPOC) have the highest rates of maternal morbidity and mortality, and for American Indian and Alaska Native (AI/AN) birthing people the risk of pregnancy-related death is two to three times higher than that of white birthing people.^{4,5} In Alaska, the disparity is even greater; Alaska Native birthing people have the highest rates of pregnancy-associated mortality, at over five times higher than white birthing people.⁶

Approximately 55% of the 230,000 people living in rural areas of Alaska are AI/AN.⁷ In order to give birth at a facility with the capacity to provide obstetric care, rural patients are often dependent on plane, boat, and even snowmachine travel to cover great distances outside of their home communities. In rural Alaska, paved road systems are limited and do not cover all areas; even gravel roads are not available or passable in all areas, and some remote areas have no roads at all, inhibiting access to care for remote Alaska communities. The purpose of this case study is to provide an in-depth example of a hospital-based Tribal maternity unit located in Northwestern Alaska, and to highlight both strengths and challenges that this hospital and its patients face with childbirth.

In order to complete this case study, we used data collected in a 2021 survey of rural obstetric unit hospital administrators conducted by the University of Minnesota Rural Health Research Center and contacted a respondent for further participation.⁸ Shelly Nordlum, RN, Acute Care Manager at Maniilaq Health Center in Kotzebue, Alaska, completed a 60-minute Zoom interview to provide additional detail about her community and facility, and to reflect on how to better serve AI/AN birthing people.

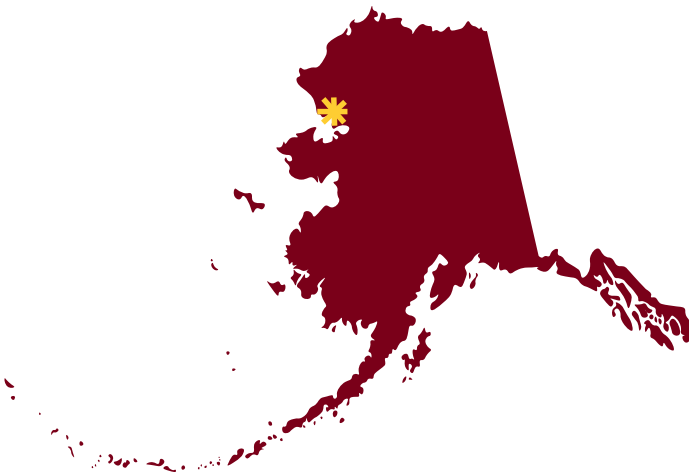
Kotzebue (Qikiqtaġruk), Alaska

Overview

Kotzebue, also known by its traditional name Qikiqtaġruk, is a coastal city located on Inupiat land. It sits roughly 32 miles above the Arctic Circle, Kotzebue is the central hub of a region larger than the state of Indiana. Approximately 9,000 people, with more than 80% identifying as Native, call this region home.⁹ Kotzebue is only accessible by plane, and the subsistence hunting and gathering of caribou, beluga whale, seal, birds, fish, and berries continues as a mainstay way of life in this remote community.¹⁰

The community continues to revitalize their language, Inupiaq, and culture through an immersion school and summer camps designed to introduce children to their traditional ways of life. Despite the challenges of living in rural Alaska, the people of Kotzebue find strength in their community, and especially within their Inupiat heritage and culture.

Figure 1: Map of Alaska showing the location of the Maniilaq Health Center



Maniilaq Health Center

Maniilaq Health Center (MHC) is a Tribally owned and operated 17-bed Critical Access Hospital in Kotzebue, and the major employer of the region. Serving all 11 villages within the region as well as the city of Point Hope, MHC is an 80,000 square foot facility providing primary, emergency, psychiatric, dental, and long-term care in both inpatient and outpatient settings.⁹ MHC sets an example for providing high-quality, culturally relevant care. The Inupiaq language is used widely within the hospital, both on admission materials and within patient interactions, and traditional foods such as seal oil and whale meat are provided to patients from a staff member in charge of hunting, processing, and serving the meals. As a Critical Access Hospital, non-Native regional residents are also cared for in this facility.

The obstetric department within MHC consists of four beds, a newborn nursery, and two birthing rooms. Four weeks prior to their anticipated delivery date, patients travel from their home villages, primarily by plane, to either MHC or the Alaska Native Medical Center (ANMC) in Anchorage, an additional 1.5-hour flight from Kotzebue. Patients are housed in the local hotel in Kotzebue or in patient housing at ANMC during these weeks that they are outside of their home communities, often traveling and awaiting the delivery of their newborn without other family members. Each year, 20-40 births take place at MHC.

Birthing patients at MHC are cared for by Certified Nurse Midwives (CNMs). MHC employs a total of 3-4 CNMs at any given time, and this group of providers ensures 24/7 birthing coverage. With no obstetrician/gynecologists, anesthesiologists, certified registered nurse anesthetists, or surgeons currently on staff, the ability to provide advanced care is limited. Patients who need a cesarean section or other advanced care must be medically evacuated to ANMC or to Seattle, Washington, a decision that is determined either prior to labor or when complications arise. For newborns who need advanced care, such as that provided by a Neonatal Intensive Care Unit (NICU), a medical evacuation is also necessary. In instances where travel is not an option due to barriers like time constraints or weather, health aides in the villages and providers at MHC use technology to communicate with specialists located at ANMC to care for their community members. MHC does not have an operating room, and in emergencies has used the procedure room and the trauma bay within the emergency department to deliver necessary care for birthing patients.

The rural community also faces other challenges before, during, and after delivery of a child. Kotzebue no longer has a childcare center, and the immersion school does not accept children prior to age three. The lack of available childcare can be an added stressor for families within the area, in combination with the higher cost of living that comes with living off the road system.¹¹ All goods not located or produced within the community must be flown or barged in, increasing the cost of even the simplest items such as milk or fruit. These high costs are exacerbated as items increase in size and weight.

Key Features

Integration of cultural values and practices in maternity units is a powerful tool to increase patient success

Geographical challenges are not the only barriers to optimal community health within rural Alaska. The mortality rate from substance use disorder, mental health disorder, and domestic violence is greater than three times the national average for women-identified people within the region, a result of the continuing effects of colonization.^{12,13} “One thing we like to think about is reconnecting the culture for a healing purpose and to ground the people who might be struggling with trauma or generational trauma, so bringing back culture and community is a huge way to help that process,” said Shelly Nordlum, RN, MHC’s Acute Care Manager, when discussing the importance of culture to improve patient wellbeing. Connection to culture has been inversely correlated with issues such as substance use in Tribal communities, and acts as a protective factor against the results of historical trauma.¹⁴ While not Native herself, Shelly was raised in Kotzebue – she is immersed in the culture, including speaking Inupiaq at home with her children.

In addition to culturally-centered practices such as incorporation of the Inupiaq language and traditional foods, MHC integrates the local culture specifically into the birthing care of patients through both physical means and cultural understanding. “All of the midwives are really aware of connecting with culture and most of them have been here long enough that they understand the Alaska Native culture, and therefore are able to give better care,” describes Nordlum. The nurse midwives wear atikluks, a traditional Inupiaq garment, while providing care, and patients give birth in rooms adorned with Inupiaq art. At present, none of the nurse midwives are Native; however, approximately one-third of the nurses, certified nurse aides, patient care

technicians, and case management support at MHC are. The literature supports that congruency of racial and cultural factors between providers and patients increases the quality of healthcare.¹⁵ Two of MHC’s Alaska Native nurses hope to increase the availability of Native providers by becoming midwives in the future, a change that would further enhance MHC’s strengths as a culturally-centered facility.

Culturally-centered care models have been documented as a system-level approach to addressing health inequities, and inclusion of traditional language and food in care have both been associated with improved health outcomes.^{16,17} In Indigenous communities in Canada, there has been a push to return birth to local communities through midwifery, surrounding birthing people and newborns with culture during critical phases of life.^{18,19} Elizabeth Withnall, a CNM at MHC who we conversed with over email, noted that there are many similarities between these communities and those she serves in Northwestern Alaska, emphasizing the importance of welcoming the next generation close to home in an environment that is not only safe, but culturally-centered.



Maniilaq Health Center Staff, wearing their atikluks to deliver high-quality patient care.



Certified Nurse Midwives Morgan Jones and Elizabeth Withnall in their atikluks.

The Maniilaq Social-Medicine Program improves whole-patient care in rural, isolated populations

A key player in intentional cultural consideration, MHC hosts the Maniilaq Social Medicine Program (SMP) that coordinates between social services and the medical team to provide support to birthing patients, from the prenatal to the postpartum period. This support includes addressing social determinants of health through connection to resources such as emergency assistance programs, insurance assistance, housing and food subsidies, and education and job training. In addition to its supports for all patient populations, the SMP especially emphasizes improving access to mental healthcare for birthing people by making connections to appropriate clinicians.⁹



Hooded Atikluk made by Danielle Rock (Inupiaq) of Coastal Rock Design, from Kotzebue, Alaska.



Artwork found in the Maniilaq Health Center

The SMP is regionally focused, and addresses local health, economic, accessibility, and historical factors for its residents.⁹ The SMP includes a social medicine counselor dedicated solely to the Women's Health population, which includes birthing people, so that potential barriers to health can be identified and addressed. Recognizing that it is inappropriate to assume that every AI/AN population has the same barriers to achieving optimal health, the SMP employs an individualized approach to address the factors that are most important to the community and to each specific patient. The SMP emphasizes the importance of community governance and maintains that decision making is often most effective and impactful when made by and for those from the community.⁹ This knowledge gained through the SMP has resulted in the implementation of community-led research and training programs, including a collaboration between MHC, Harvard Medical School, and Massachusetts General Hospital that seeks to reframe research as a local and participatory process with equal power balance between researchers and participants.²⁰

Training community members lessens staffing difficulties and increases culturally-centered care within the facility

Maniilaq Health Center faces many of the same challenges that other rural obstetric units throughout the United States face, such as long travel distances and staff shortages. However, they have found success in their own people, training individuals from the community to fill healthcare roles with opportunities for growth. For example, MHC hosts nursing students through the University of Alaska Anchorage School of Nursing, Associates of Applied Science in Nursing program, where their students can complete their registered nurse (RN) training almost completely in their home community. Shelly Nordlum, RN, completed this program, along with eight other community members, five of whom are Alaska Native.

Chestfeeding/breastfeeding is a central part of the postpartum experience for many birthing people and their families. At present, MHC patients do not have access to an International Board-Certified Lactation Consultant (IBCLC) within their community. However, several MHC staff are currently pursuing this certification to provide enhanced lactation support within the region. CNMs and nurses at the inpatient obstetric unit and at the outpatient Women's Health department are available for support. In addition, the Maniilaq Association WIC Clinic is run by two local Alaska Na-

tive women and is another resource for those looking for lactation assistance. Data from 2018–2019 shows that the Northwest Arctic Borough has an 87.6% chest-feeding/breastfeeding initiation rate, which is lower than the average rate throughout Alaska (93.1%).²¹ Enhanced access to lactation support – both certified lactation support providers as well as culturally-centered and traditional support providers, such as Tribal elders and community members – may help postpartum people reach their goals for lactation and feeding their infant.

Conclusion

In the face of unique geographic and economic challenges, Manilaaq Health Center utilizes cultural- and community-based strengths to provide high quality care to Native birthing people throughout the region. The facility actively addresses barriers to health by incorporating culture into care as well as supporting the education of locals who have lived connections to the patient population. Community-driven initiatives, such as the Social Medicine Program, provide revolutionary new ways to care for those in this rural community, a testament to the power of Tribal sovereignty and self-determination in providing culturally-centered pregnancy and obstetric care close to home.

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