Beyond the Video: Resource Guide

Introduction

Native Generations is a campaign addressing high rates of infant mortality among American Indians and Alaska Natives. The campaign video:

- **Shares** the stories of urban American Indian and Alaska Native parents that are staying connected to their culture and community for the health of their families.
- **Promotes** a nationwide network of Urban Indian Health Organizations that provide health services, cultural activities and connection to community support.
- **Reveals** challenges to infant health, safety practices and other health risks.
- **Highlights** examples of innovative and vital programs for Native families in two cities.

To watch the video, visit:

[www.uihi.org/NativeGenerations](http://www.uihi.org/NativeGenerations)

This Resource Guide provides background information about the topics addressed in the video, including specific prevention steps, and encourages discussion around these topics.

Video Topic Areas

Protecting Native Generations

The video discusses risks for babies, their families and their environments, which are passed on from generation to generation unless the patterns are broken. American Indian and Alaska Native (AI/AN) mothers are more likely to be unmarried, less than 18 years old, to have high blood pressure, diabetes and to smoke or drink alcohol during pregnancy compared to non-Hispanic whites (Source: Alexander, 2008). Each of these health factors pose a risk to babies’ well-being.

Prenatal care can help mothers manage health conditions and adopt healthy behaviors. Prenatal care can also connect families to community resources. American Indians and Alaska Natives are significantly more likely than other races to enter prenatal care late in pregnancy or to have no prenatal care at all (Source: National Center for Health Statistics, 2011).
A lack of support, transportation, childcare and flexible work and school schedules can pose challenges to attending health care appointments and maintaining healthy practices. Compared to other groups, more AI/ANs in urban areas report rarely or never receiving the emotional and social support that they need (CDC, Behavioral Risk Factor Surveillance System, 2005-10).

In addition to lower income, education and employment levels, the ongoing impact of the historical trauma from genocide, colonialism and federal policies has had a negative impact on traditional social networks, affecting all Native communities.

Participation in community and cultural events such as pow-wows, drum circles, dance or singing groups, Native crafts and maintaining relationships with the local Native community can help provide a connection to a rich support system.

**Urban American Indians and Alaska Natives**

Two out of three American Indians and Alaska Natives (AI/ANs) live in urban areas (Source: US Census 2000). Urban AI/ANs include members, or descendents of members, of many different tribes. Represented tribes may or may not be federally recognized and individuals may or may not have ties to their tribal communities. Many urban AI/ANs travel back and forth between their tribal communities or reservations. Urban AI/ANs are also generally spread out within the urban center instead of localized within one or two neighborhoods, and thus are often not seen or recognized by the wider population.

**Urban Indian Health Organizations**

Urban Indian Health Organizations (UIHOs) are non-profit centers that serve American Indians and Alaska Natives (AI/ANs) and others in 19 different states with a range of health and social services, from outreach and referral to full health care services. There are 33 independent UIHOs funded in part by the federal Indian Health Service (IHS) (See map of locations below). UIHOs provide traditional health care services, cultural activities and a culturally appropriate place for urban AI/ANs to receive health care. More information about UIHOs may be found online: [http://www.uihi.org/Urban-Indian-Health-Organization-Profiles/](http://www.uihi.org/Urban-Indian-Health-Organization-Profiles/)
High quality care is being provided through several innovative programs, many of which are offered by UIHOs. These programs offer the best possible care because they understand and address the specific needs and concerns of AI/ANs. Their cultural sensitivity encourages urban Indians to seek care when they need it and adopt healthier lifestyles. These programs serve as models, which can be replicated and built upon (Source: Urban Indian Health Commission, 2007).

**Infant Deaths**

For every 1,000 American Indian and Alaska Native (AI/AN) babies born in urban areas nationwide, as many as 15 die before their first birthday (Source: National Center for Health Statistics, 2002-06). In comparison, there are as many as two times more AI/AN infant deaths than among non-Hispanic whites.

The five most common causes of infant death for AI/ANs are:

1) Birth defects
2) Sudden infant death syndrome (SIDS)
3) Preterm and low birth weight
4) Unintentional injuries (accidents)
5) Pregnancy complications (placenta and cord)

(Source: National Center for Health Statistics, 2006)

The rates of death due to birth defects, SIDS and unintentional injuries are significantly higher among AI/ANs compared with general population in urban areas (Source: National Center for Health Statistics, 2002-06).

This outline provides details about each of the top five causes of death including steps for prevention.

**1) Birth Defects**

Most birth defects occur in the first three months of pregnancy. For some birth defects, we know the cause, but for most, we don’t; most birth defects are likely caused by a mix of factors (Source: Centers for Disease Control and Prevention (CDC), Division of Birth Defects and Developmental Disabilities, 2011).

Not all birth defects can be prevented, but there are things that a woman can do before and during pregnancy to increase her chance of having a healthy baby:

- Take 400 mcg of folic acid every day, starting at least one month before getting pregnant.
- Don’t drink alcohol, smoke or use “street” drugs.
- Talk to a health care provider about taking any medications, including prescription and over-the-counter medications and dietary or herbal supplements. Also, talk to a doctor before stopping any...

Breaking unhealthy patterns like alcohol and tobacco abuse, teen pregnancy and violence is difficult, but not impossible.

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(Source: National Center for Health Statistics, 2002-06)
medications that are needed to treat health conditions.

- Learn how to prevent infections during pregnancy.
- If possible, be sure any medical conditions are under control, before becoming pregnant. Some conditions that increase the risk for birth defects include diabetes and obesity.

2) Sudden infant death syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant less than 1 year old that cannot be explained even after a thorough investigation (Source: CDC, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, 2012).

Here are some ways to reduce the risk of SIDS:

- Always place baby on his or her back to sleep at night and for naps.
- Place baby on a firm sleep surface, such as a safety-approved crib mattress covered with a fitted sheet.
- Keep soft objects, toys, and loose bedding out of baby’s sleep area.
- Keep baby’s sleep area close to, but separate from, where others sleep.
- Do not let baby overheat during sleep. Dress baby in light sleep clothing and keep the room at a temperature that is comfortable for an adult.
- Think about using a clean, dry pacifier to put baby down to sleep.
- Do not allow smoking around baby.
- Do not drink alcohol while pregnant or breastfeeding.
- Avoid products that claim to reduce the risk of SIDS, and do not use home monitors to reduce the risk of SIDS.

3) Preterm and low birth weight

Preterm birth is the birth of an infant before 37 weeks gestation. In nearly 40% of premature births, the cause is unknown. However, studies do suggest certain paths such as bacterial infections during pregnancy and maternal or fetal stress put a woman at increased risk for preterm birth. Other factors, such as pregnancy with two or more babies at once (multiples), inductions and cesarean sections, can also play a role (Source: March of Dimes, Prematurity Research, 2012).

Birth weight of less than 5.5 lbs, or 2500 grams, is considered low birth weight. A low birth weight infant can be
born too small, too early or both. This can happen for many different reasons. For example, smoking during pregnancy is associated with infants born too small (growth retardation) and too early (prematurity) (Source: CDC, National Center for Environmental Health, Environmental Health Tracking Branch, Reproductive and Birth Outcomes, 2012).

While some risk factors are beyond our control, there’s a lot that a woman can do to reduce the risk of having a premature baby. Before pregnancy is the best time to detect and treat underlying health problems, like diabetes, weight problems, smoking or high blood pressure. Once a woman is pregnant, she can maintain a healthy lifestyle, have early and consistent prenatal care and get screened for underlying medical conditions.

4) Unintentional injuries (accidents)

Most infant deaths from injury are preventable. Parents and caregivers can help prevent injuries by providing a safe environment for infants. Health care providers can assist parents by giving guidance about injury prevention. Here are some ways to prevent the leading causes of injury (Source: CDC, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, Vital Signs, Child Injury, 2012):

**Choking, suffocation and strangulation**
- Make sure infants sleep placed on their backs on a firm surface in a safety approved crib by themselves. Avoid loose bedding or soft toys in crib.
- Keep plastic, bags, balloons, drapes, ropes, strings, cords and ribbons away from infants. Keep infants away from drapes and blinds.

**Motor Vehicle Crashes**
- Always use an infant safety seat and buckle baby in. Have the car seat checked for proper installation.

**Poisoning**
- Keep medicines, household products and other toxic products out of reach or locked away where babies cannot touch them.

**Drowning**
- Never leave a baby in the bath alone.
- Use a four-sided fence with self-closing and self-latching gates around a pool.

**Fire/burns**
- Use smoke alarms in sleep areas and on every level of the home, and test monthly.
- Keep the water heater thermostat to 120 degrees or lower for the whole home.
Falls

- Do not leave a car seat or other baby carrier on top of a table or other high surface where it could fall off.
- Install window guards/locks, safety gates on stairs and use straps on high chairs/strollers.
- Use cribs/play yards that have been approved by the U.S. Consumer Safety Commission.

5) Pregnancy complications (placenta and cord)

There are important things a woman can do to increase her chance of having a healthy baby, even though there remains a lot we do not know about how to prevent pregnancy complications. Health problems before a woman becomes pregnant, like diabetes, overweight, smoking and high blood pressure should be tended to before pregnancy, if possible, to help avoid complications. During pregnancy, early and regular health care visits and screenings for medical conditions may help prevent complications that can affect the newborn baby.

A Website Resource List, available on the Native Generations webpage, provides links to support and resources for new or expecting parents and caregivers and more information about the video topics outlined in this guide.

A Video Discussion Guide and a Video Sharing Guide are also available on the Native Generations webpage for download. These guides provide information to help facilitate discussions at in-person video viewings with community groups and provide ideas for in-person and online video sharing.

Learn more about American Indian and Alaska Native communities in urban areas nationwide at: www.uihi.org
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