WASHINGTON STATE MATERNAL MORTALITY REVIEW PANEL

FINDINGS AND RECOMMENDATIONS FROM THE 2025 REPORT

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VISION & IMPLICATIONS

Any maternal death is UNACCEPTABLE.

Ultimately, we hope to prevent deaths, address inequities, and improve the wellbeing of adults and children in Washington.

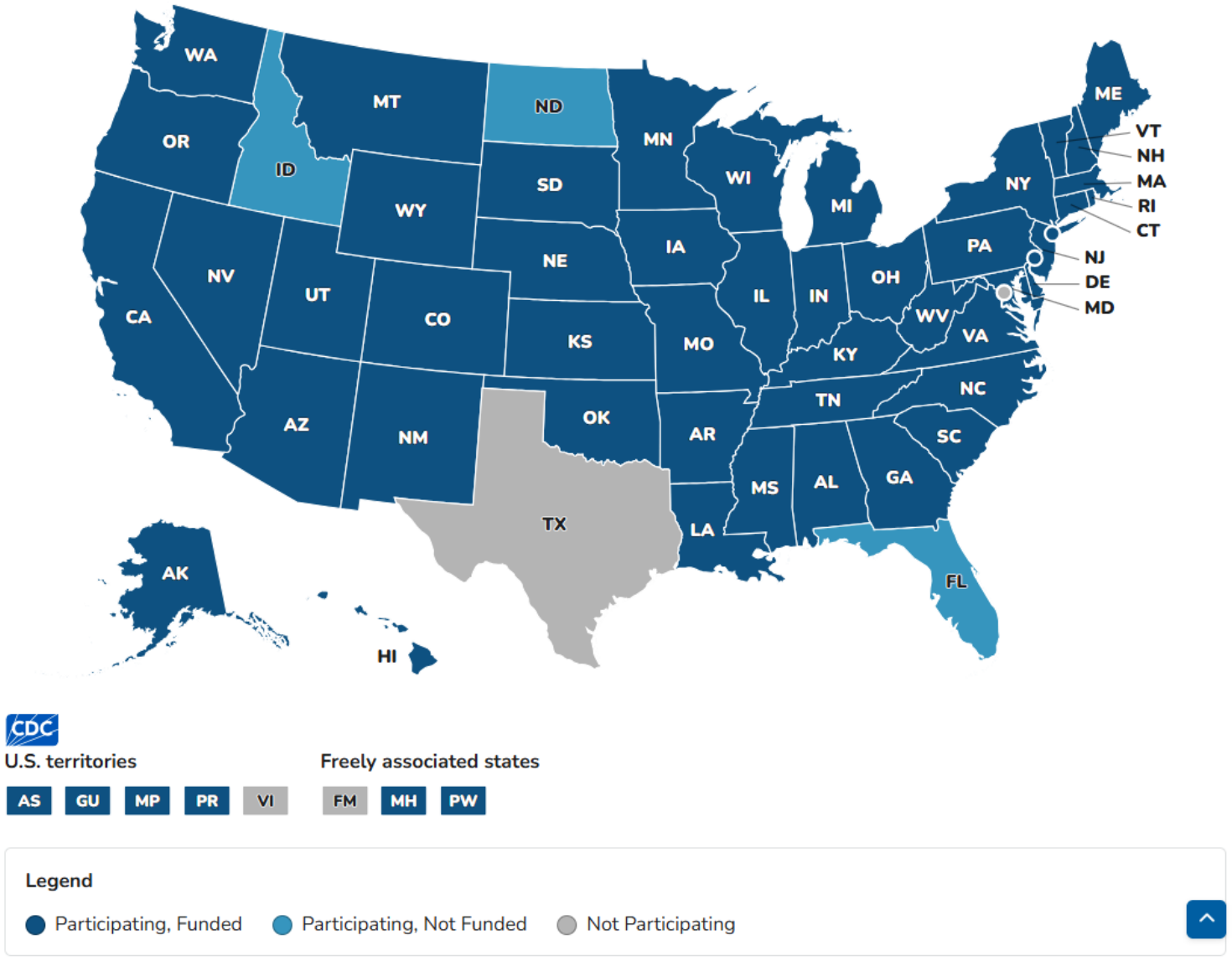
Intersectionality of Maternal Mortality

Maternal mortality connects to most fields and issue areas, including:

- **Public health**
- **Health care** and **support**, including **mental health** and **substance use disorder** treatment and support
- Addressing **racism** and **inequities**
- Support services, including **culturally specific community support** and basic needs (**housing**, **food**, **transportation**, **child care**, etc.)
- **Environmental** issues
- **Violence** prevention
- **Education**

OVERVIEW AND BACKGROUND: Washington State's MMRP

Maternal Mortality Review Nationwide

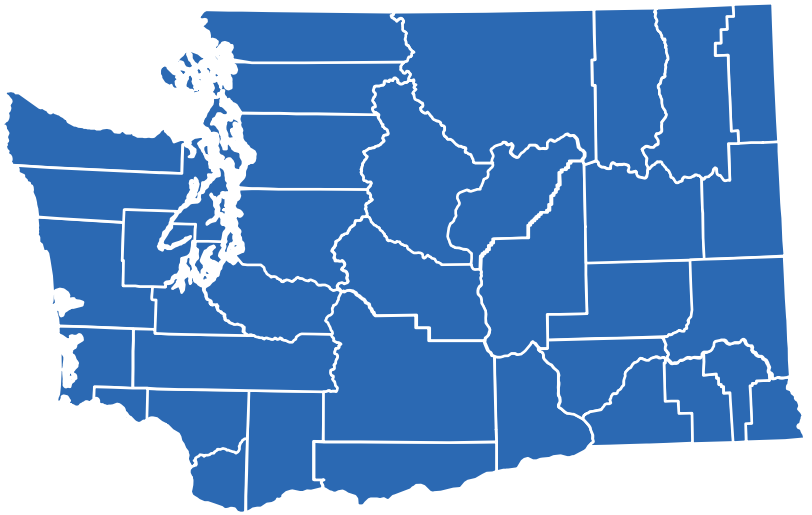


WA's Legislative Mandate for Maternal Mortality Review

- **2016**: Washington State Legislature established the **Maternal Mortality Review Panel through a state law** (RCW 70.54.450).
- **2019:** The Law was **amended** to make the Panel and the maternal mortality review process **permanent** and add details.
- The law directs the Panel to **review maternal deaths** and provide a **legislative report** every three years.

Washington State Maternal Mortality Review Panel (MMRP)

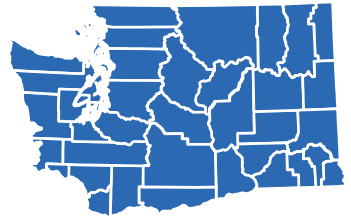
- Reviews deaths of Washington residents **during pregnancy through 1 year after.**
- Provide a report to the legislature every 3 years.
- Convened by the Washington State Department of Health (DOH).
- Had 80+ members last term; has 100+ this new term.
- Has a breadth of expertise and backgrounds, including priority focus on American Indian / Alaska Native communities.



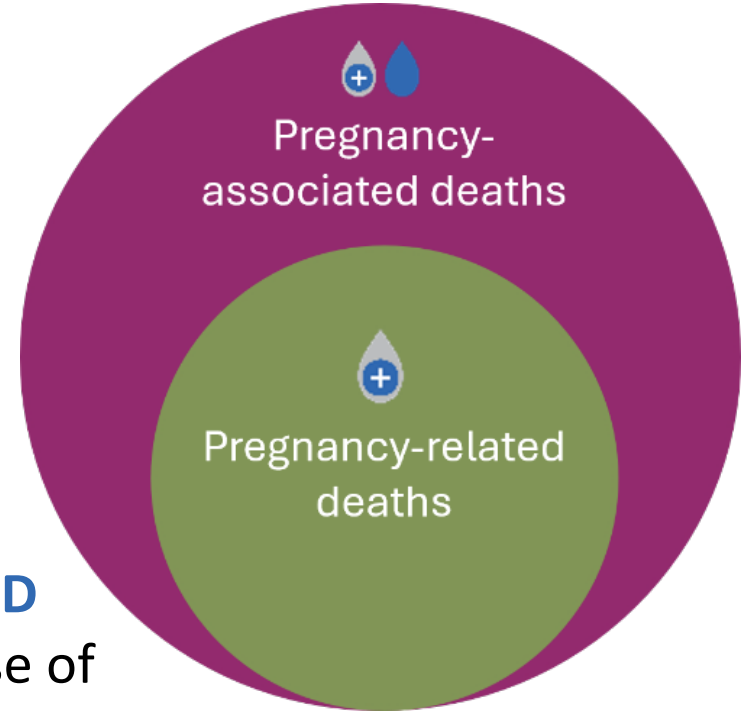
Washington's MMRP: A Wealth of Expertise

Washington's Maternal Mortality Review Process

1. DOH **identifies and confirms** deaths.
2. DOH requests medical and other records, then **writes a de-identified summary**.
3. MMRP **meets to review** the death and make recommendations for prevention.
4. MMRP and DOH **consolidates and narrows down recommendations** after 3 years.
5. MMRP and DOH compile **data and recommendations** into a report.



Maternal Mortality Review Definitions



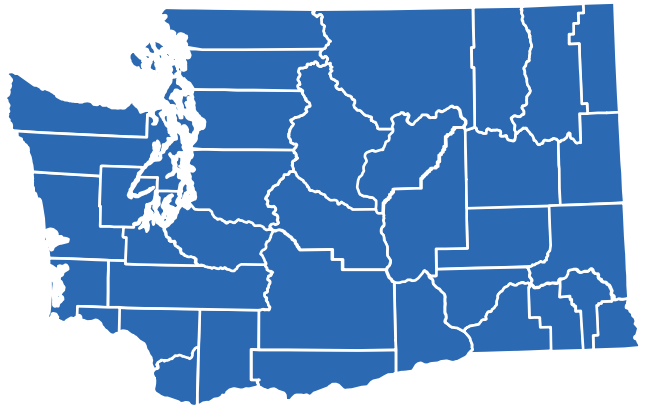
PREGNANCY-ASSOCIATED DEATHS: *all maternal deaths from any cause* during pregnancy or up to 1 year after.

Some pregnancy-associated deaths are **PREGNANCY-RELATED** (**caused or worsened by pregnancy).** They happened because of a pregnancy complication, a chain of events initiated by pregnancy, or an unrelated condition aggravated by pregnancy.

Some pregnancy-associated deaths are NOT pregnancy-related—the cause had no connection to pregnancy. For some deaths, the Panel doesn't have enough information to determine if the death was related to pregnancy.

How MMRP Cases are Reviewed

- A **respectful review** of each potentially pregnancy related death, using an anonymized, de-identified case narrative summary**:**
  - Was the death **pregnancy-related**?
  - If it was pregnancy-related, was it **preventable**?
    - From a **clinical** perspective and/or from an **equity and social determinants of health** perspective?
  - Did **racism, discrimination, and bias play a role**?
  - What **factors contributed** to these deaths?
  - **Recommendations**: What might help prevent such a death, at the time or even years before? (These are the basis for our legislative report every three years.)



KEY FINDINGS FROM THE 2025 MMRP REPORT

2025 Maternal Mortality Review Panel Report

- Submitted to the Washington State Legislature December 2025 (fourth MMRP report in WA)
- **Aims:**
  - **Prevent** maternal deaths
  - Raise **awareness**
  - Increase **health equity**
  - Improve **perinatal care**
- **Data** from **2021–2022** maternal deaths; some from 2014–2022
- **Recommendations: legislature** and **other audiences**
- **Addendum: American Indian Health Commission**

Report to the Legislature

Maternal Mortality Review Panel: Maternal Deaths 2021–2022

December 2025

RCW 70.54.450

Prepared by the
Prevention and Community
Health Division

Washington State Department of HEALTH

What's new with this report format?

- **Shorter**, more **focused**.
- Stronger focus on **legislative audience**.
- **Stories from community members:**
  Voices from Washington stories about pregnancy, birth, or postpartum experiences and challenges in Washington.
- **Success stories** from people around Washington about implementing recommendations from the 2023 MMRP report.

www.doh.wa.gov/maternalmortality

Report to the Legislature

Maternal Mortality Review Panel: Maternal Deaths 2021–2022

December 2025

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Key findings from the report (2021–2022 deaths)

- **Maternal mortality INCREASED in 2021–2022.** This is the first increase in WA MMRP reports.
- Pregnancy-related maternal mortality rates were **30.5 per 100,000 live births.**
    - **Statistically significantly** higher than the state's rate in 2017–2020, of 19.0 per 100,000 live births.

MATERNAL MORTALITY INCREASED IN WASHINGTON

Key findings from the report (2021–2022 deaths)

- **Behavioral health** related conditions were the **leading cause**, accounting for **nearly half (45%)** of all pregnancy-related deaths.
    - The majority of these were **overdose deaths**, most of which involved **fentanyl**.

BEHAVIORAL HEALTH conditions were the **leading cause**

Preventability of Pregnancy-Related Deaths

The Panel found **82% of pregnancy-related deaths were preventable**, meaning there was at least some chance of the death being averted if a factor that contributed to the death had been different.

This reflects:

- **A broader understanding of preventability:**
  Clinical, equity, and social-determinants-of-health factors, including upstream factors earlier in life.
- **An opportunity to take action:**
  Better understanding of what's behind maternal deaths.

82% of **pregnancy-related** deaths were **PREVENTABLE**

Racism, Discrimination, Bias, and Inequities

- MMRP identified **discrimination, bias, interpersonal racism,** or **structural racism** in **76%** of preventable pregnancy-related deaths. (2021–2022)

- **Disparities** and **inequities** persist: (2014–2022)
  - Age
  - Race/ethnicity
    - Particularly American Indian / Alaska Native
  - Rural
  - Medicaid coverage, reflecting socioeconomic status

- Communities most burdened by perinatal health inequities have **expertise** and **cultural knowledge** to **lead solutions** to **reduce maternal mortality.**

Disparities and inequities persist

RECOMMENDATIONS

MMRP Report Recommendations

3 priority recommendations, which include:

- **12 recommendations** for the Washington State **Legislature** (page #s 16–23)
- **75 recommendations** for **other audiences** (page #s 32–49)
  - Health systems and facilities
  - Health care and support providers
  - State and local agencies
  - Academic institutions
  - Organizations
  - Communities

Report to the Legislature

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Washington State Department of HEALTH

MMRP Priority Recommendations

Improve health care quality and access.

Strengthen community support services.

Provide equitable, culturally responsive care.

Recommendation 1. Improve Health Care Quality and Access

Ensure Washingtonians have **access** to **high-quality health care**—including **mental health care, substance use disorder** treatment, and **preventive** care—throughout pregnancy, birth, and postpartum by strengthening and funding **care coordination**, improving **communication** and **protocols**, and ensuring providers have the **skills**, **training**, and **professional support** they need to provide high-quality care**.**

Voices from Washington

"Five days after giving birth, ***I went to the ER with clear symptoms of preeclampsia****.* ***I was sent home with a few pills.*** *Just hours later, I had* ***uncontrollable seizures*** *and was admitted to the ICU, where I spent a week—time I should have had with my newborn.* ***Years later, after another pregnancy, I was again at risk. But this time, I wore a blue rubber wristband from the Blue Band Initiative,*** *designed to alert health care providers that a patient is at risk for preeclampsia. The nurse recognized the band right away and brought me to the OB, where I was admitted and treated with magnesium."*

"Originally, I was interested in birthing at a birthing center, but our ***insurance plan didn't cover one****. I would like to see* ***more options for pregnant people*** *to choose the kind of birthing environment* ***that feels best to them****."*

Sample Recommendations: Health Care Quality and Access

1.2 The legislature should protect and increase **funding and access for family-friendly, judgment-free substance use disorder (SUD) and opioid use disorder (OUD) treatment and support for pregnant and postpartum patients** across Washington, including in rural areas with limited access to community services.

1.6 The legislature should support policies and provide financial support to address the **shortage of maternity care and emergency obstetric care in rural areas** through 3 approaches

- Preserving rural and critical access hospitals
- Increasing the **number of rural perinatal care providers**
- **I**ncreasing the resources and knowledge needed to prevent and respond to **obstetric emergencies** in rural areas.

Recommendation 2. Strengthen Community Support Services

Invest in, develop, and expand comprehensive **community support services** that address **essential needs** during pregnancy and postpartum. This includes strengthened **home visiting** programs, **social work** services, **doula** support, and wraparound support for **mental health and substance use disorder.**

Voices from Washington

"My first pregnancy was very trying. I couldn't eat, I lost weight, and I couldn't take care of myself. ***No one's ready for the first trimester****. The father left when I was 2 months pregnant.* ***I became homeless****. I started my prenatal care in one city and then continued in another, but they wouldn't listen to me, no matter how much I would tell them my concerns.* ***It would have been helpful to have more safety nets****."*

"Connecting with others who had experienced severe maternal complications was profoundly healing. I ***wish I'd known*** *about those* ***resources*** *earlier.* ***Providers*** *should* ***routinely share them—it can make all the difference*** *in not feeling alone."*

Sample Recommendations: Community Support Services

2.2 The legislature should expand support for **universal access to wraparound services** through pregnancy and at least 1 year postpartum, including **home visiting, doula support, and peer support workers**.

2.3 The legislature should prioritize both **protecting existing and funding new** programs that **meet people's basic needs during pregnancy and postpartum**. Ideally, access to transportation, housing, income, and child care would be universally available.

2.16 Funders and state and local agencies should **increase funding and capacity** for **community-based organizations** to support people during pregnancy and postpartum.

- Services may include **culturally relevant parenting classes**, **community-led support groups**, family reconciliation services, and trauma-informed therapy.

Recommendation 3. Provide Equitable, Culturally Responsive Care

Ensure **care and services** throughout pregnancy, birth, and postpartum are **culturally responsive**, **free from bias**, grounded in **trauma-informed** practices, and actively address **racial injustice.**

Voices from Washington

*"I'm of African descent and it's **really hard to find a provider of color in Washington**. It is also hard to find any practitioner that even inquired about LGBTQ patients or that was **knowledgeable about the queer community**. The understanding and language was not there."*

*"**I experienced a miscarriage due to systemic racism.** My pregnancy could have been viable had **they listened to my requests** and not ignored me or told me what I was experiencing was normal, even though I knew it was not. **I have to live with the loss of my baby** the rest of my life, and with knowing my miscarriage could have been prevented."*

Sample Recommendations: Equitable, Culturally Responsive Care

3.3 Health care systems, state agencies, and academic institutions should work together to **build and sustain a diverse maternal health workforce** that **reflects the communities it serves**.

- This means promoting, recruiting, integrating, and supporting people across all health and allied professions, including doulas, patient navigators, and community health workers (CHWs).
- Efforts should begin **upstream** through intentional **outreach, education, training, mentorship, and career** pipeline programs for **Black, Indigenous, and people of color (BIPOC) communities, people with disabilities, and 2SLGBTQIA+ students and professionals**.

Sample Recommendations: Equitable, Culturally Responsive Care

3.11 State and local agencies, along with **community-based organizations**, should deliver ongoing, culturally relevant messaging about **how to safely access perinatal care**, including for **immigrant and refugee communities**.

- This includes language-specific messages about **health insurance access, privacy protections, and opportunities to receive perinatal care and support regardless of insurance or immigration status**.

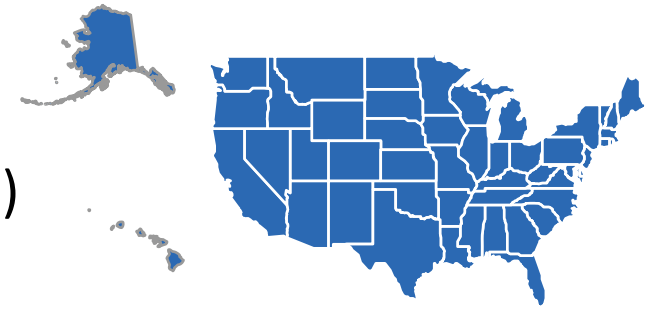
3.14 DOH and other state agencies should **fund community-based organizations** to increase **access to cultural and traditional healing practices and foods.**

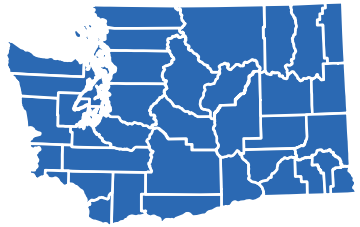
- These efforts can help reduce historical and systemic barriers that disproportionately affect Indigenous birthing people and their families.

Current Context and Emerging Challenges

Current and emerging issues may make recommendations more **challenging** and **important:**

- **Medicaid cuts (**Medicaid covers 45% of WA births; 70% in rural areas)
- **Rural** maternity care shortages
- **Perinatal** and **reproductive care** access challenges and fears
- **Mental health care** access
- State **budget** limitations
- **Misinformation** and **disinformation**
- Threats to **immigrant**, **BIPOC**, and **LGBTQ+** communities
- **Uncertainty** about health, environment, and society in the future





The report includes recommendations to both **protect existing services** and **take new steps.**

Connecting 2025 MMRP Report Recommendations to Your Priorities

- Are you **involved in efforts** to implement one or more of the recommendations **at the community level**? Or **hope to start soon**?
- **With whom** do you hope to **collaborate**? Others on this call? How can you **connect**?
- What recommendations are **most relevant** in your region, profession, or **community**?
- How can the report's findings and recommendations **support your work and priorities**?
- Are there **other efforts you are aware of** that you want to share?

Questions?

We are also available to present to other groups. Please contact us.

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Report to the Legislature

Maternal Mortality Review Panel: Maternal Deaths 2021–2022

December 2025

RCW 70.54.450

Prepared by the
Prevention and Community
Health Division

Washington State Department of HEALTH

DEPARTMENT OF HEALTH COMMUNITY COLLABORATIVE
January 14, 2026

Washington State's New
2025 Maternal Mortality Review Panel Report to the Legislature

AMERICAN INDIAN HEALTH COMMISSION ADDENDUM TO THE WASHINGTON STATE DEPARTMENT OF HEALTH MATERNAL MORTALITY REVIEW PANEL REPORT TO THE LEGISLATURE

ABOUT US

We are a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.

PULLING TOGETHER FOR WELLNESS

MATERNAL INFANT CHILD HEALTH

The development of a comprehensive, long-term, Tribally-driven Maternal and Infant Health (MIH) strategy relies on the wisdom and knowledge held by leadership and communities, integrates healing and trauma informed practices, acknowledges the impact of historical, genocidal and ongoing racism experiences, and applies Tribally developed tools such as the 7 Generation principle and the Pulling Together for Wellness (PTW) vision, values, principles, and framework.

AIHC Maternal Infant Health Continuum

AIHC PRIORITIZES MATERNAL, INFANT, AND CHILD HEALTH

PULLING TOGETHER FOR WELLNESS

2008

Tribal Leaders respond to the disproportionate rates of adverse MIH outcomes. Research to develop 2010 AIHC Maternal Infant Health Strategic Plan.

Initial Funding to 3 MIH Strategic Plan Recommendations

- MIH Workgroup – foundation to creating healthy communities.
  - TA to Tribes and UIHOs-supporting Tribes/ UIHOs where they are at.
- COLLABORTION WITH WIC AS A VITAL PROGRAM IN T/ U COMMUNITIES.
- Engage in collaboration to raise awareness, develop, and support culturally relevant home visiting.

2010

2015

2015 AIHC adopts PTW by Resolution

The Pulling Together for Wellness is a Tribally-driven, culturally grounded PSE approach – requires we meet and listen to Native leaders, Elders, youth, cultural knowledge keepers, and community to inform MIH strategy.

Understanding MIH Status and Community Needs

- Continuation of Community Conversations-PBP needs Erase Maternal Mortaility.
- Tribal Maternal, Infant, Child, and Adolescent Health (MICAH) Needs Assessment . (MCHBG).
- Feasibility of Tribally-led Maternal Mortality Review Committees (MMRC). Convening Community Conversations.
- Assessing needs to support Breastfeeding in Tribal/ Urban Indian Communities.

2022 – 2025

May 2025 Affiliated Tribes of Northwest Indians adopts the PTW by Resolution as the policy of ATNI.

2025-26

Assessments and Surveys

- AI/ AN Pregnancy Risk Assessment Monitoring System - Tribal-led
- Continuation of Feasibility of Tribally-led Maternal Mortality Review Committees (MMRC).
- Community/ Patient Surveys and Staff Surveys- Phase 1
- Continuation of WIC assessment and listening sessions.

OUR APPROACH TO

Pulling Together for Wellness (PTW) Framework
IMPORTANCE OF ADDRESSING ROOT CAUSES

- PTW, a culturally grounded policy, systems, and environmental change approach, serves as our guidance in strategic development and engagement practices.
- PTW focuses on restoring holistic health, symbolized by the medicine wheel and a reflection that our physical, mental, emotional, and spiritual health are interwoven in culture and central to all parts of whole person, community, and environmental wellness.
- Is inclusive of both leadership and community engagement.
- Embraces the Seven Generation Principle as a way of life.
- Values the balance of Native Way of Knowing and western science.
- Stresses the importance of engaging with partners that understand and honor Tribal Sovereignty and self-determination as foundational principles and values.

PULLING TOGETHER FOR WELLNESS

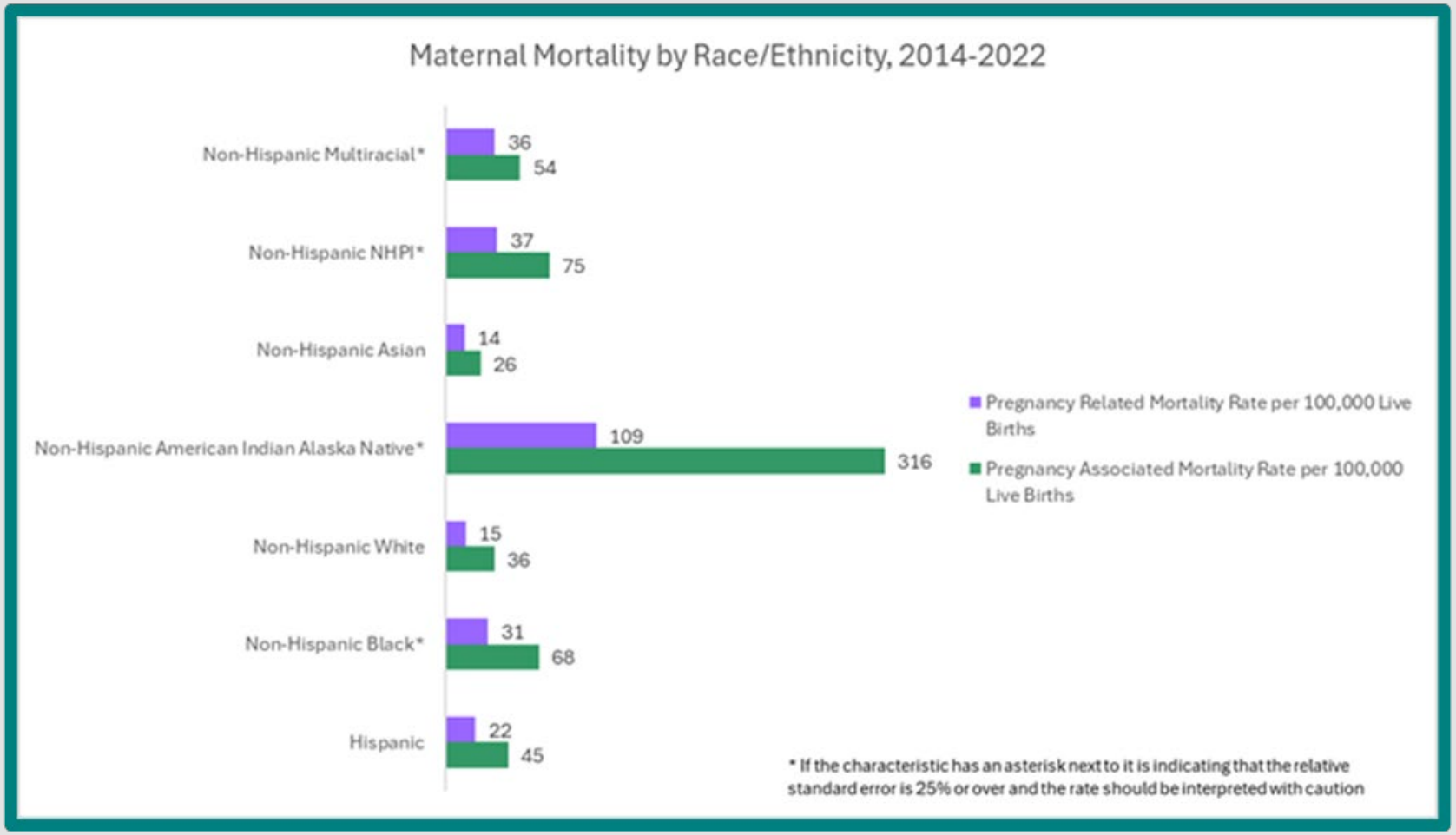
The Current Sense of Urgency for AI/AN MIH in Washington State

What the last 3 Maternal Mortality Review Panel Reports to the Legislature Tell Us:

- In the 2019 Report, American Indians and Alaska Natives (AI/AN) had the highest rate of maternal mortality compared to any other race or ethnicity. **"The highest risk factor for maternal mortality is to be American Indian or Alaska Native."**
- In the 2023 Report, AI/ANs have the highest rate of pregnancy associated and pregnancy related deaths.
- In the 2025 Report, AI/ANs have the highest rate of pregnancy associated and pregnancy related deaths.

PULLING TOGETHER FOR WELLNESS

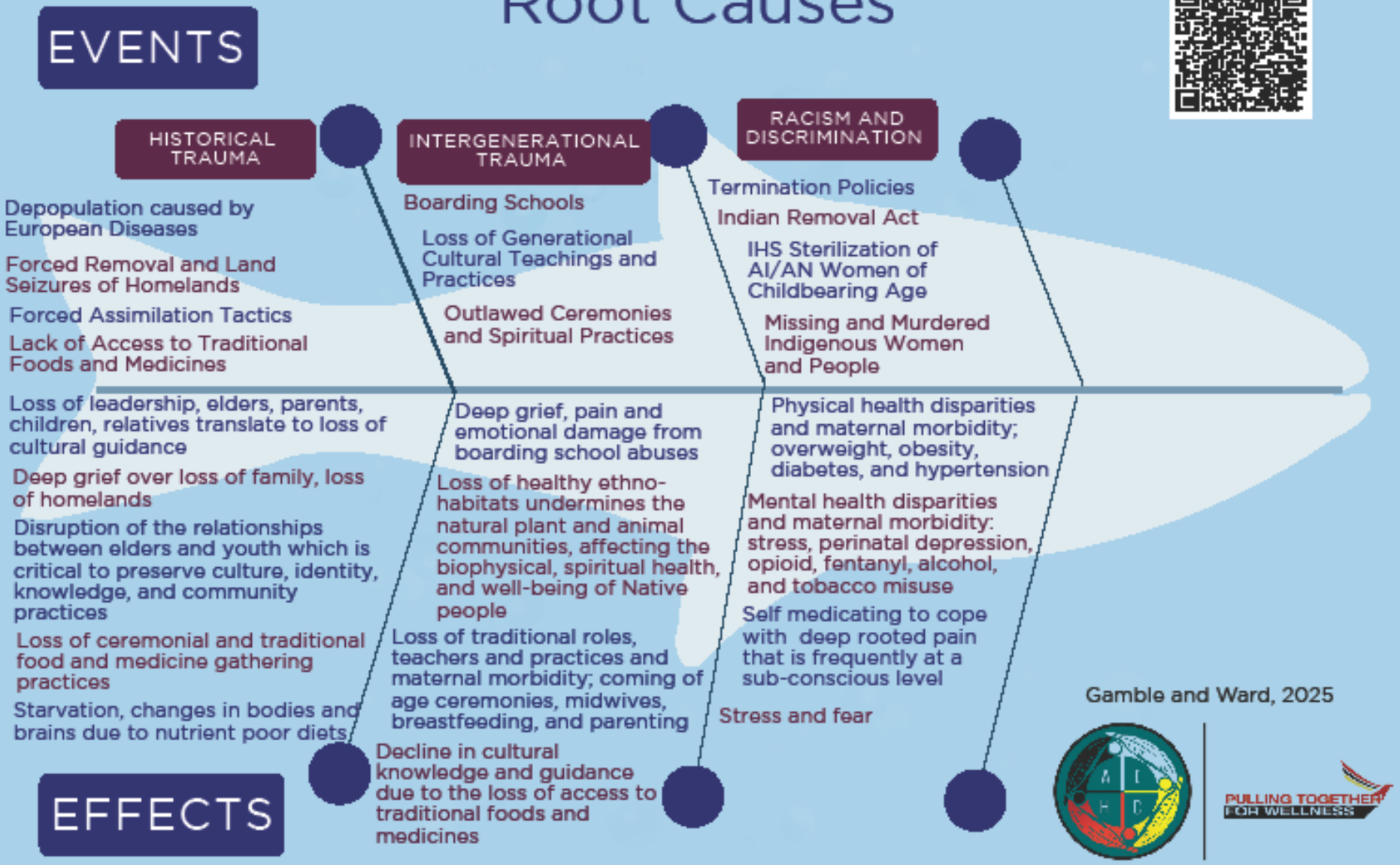
2025 Demographic Maternal Mortality Ratios and Counts for Pregnancy-Associated and Pregnancy-Related Deaths, Washington State 2014-2022, Washington State DOH



PULLING TOGETHER FOR WELLNESS

Maternal Mortality and Morbidity

Root Causes



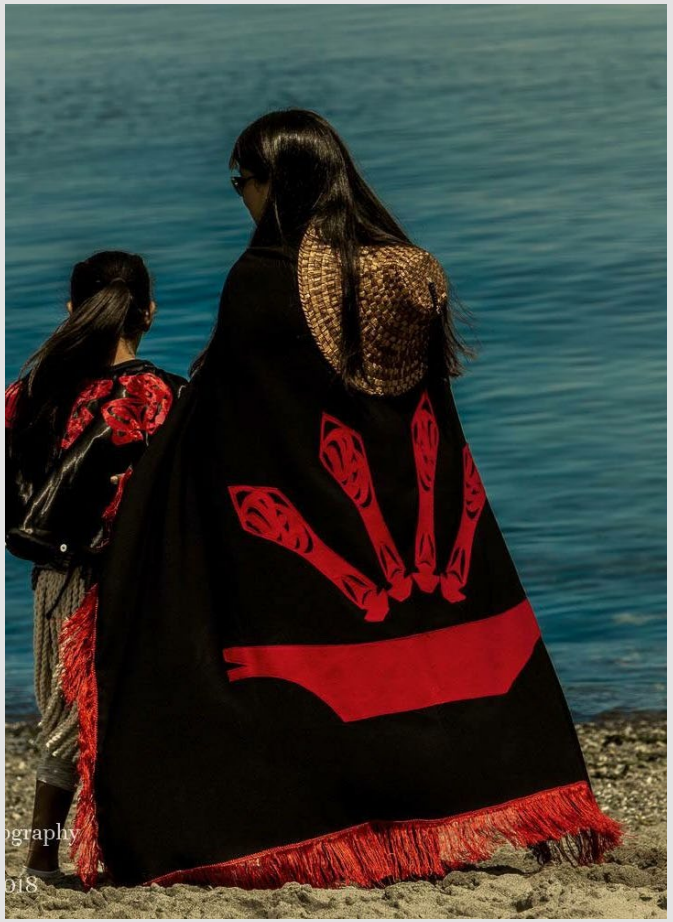
Gamble and Ward, 2025

PULLING TOGETHER FOR WELLNESS

COMMUNITY CONVERSATIONS - 2022 Initial Work

Listening Sessions To Address AI/AN Maternal Mortality Disparities In The State Of Washington

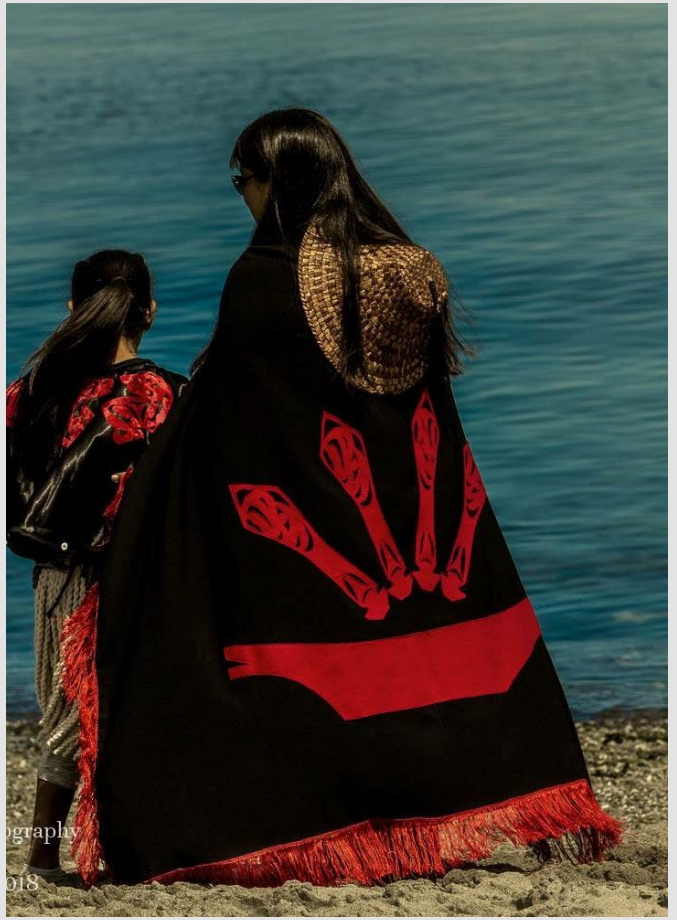
- We were able to schedule five (5) statewide virtual gatherings - Conversations About the Health of Native Pregnant, Birthing and Postpartum Women and People.
- We also convened five (5) statewide virtual meetings with Tribal and Urban Indian Health leadership for their input.
- **This resulted in Seven (7) leadership recommendations which informed the 2023 MMRP Report to the Legislature.**



PULLING TOGETHER FOR WELLNESS

COMMUNITY CONVERSATIONS - 2024-2025 Continuation

- We were able to schedule Community Conversations in person, resulting in **6 Tribal and Urban Indian gatherings**. Although the virtual gatherings were informative, the in-community gatherings are a culmination of a long-standing goal.
- The act of facilitating conversations in a participant's community is not only about gathering information, but also about **building relationships and trust that demonstrates and affirms the importance of community wisdom and values.**



PULLING TOGETHER FOR WELLNESS

COMMUNITY CONVERSATIONS
2024-25 CONVENINGS

- Participants were invited to share their insights and wisdom around 9 questions/issues regarding the full spectrum of maternal health, including maternal morbidity and mortality.
- It was humbling to hear very personal stories from participants about the most concerning obstacles, challenges, and injustices Tribal community members are dealing with.
- It was uplifting and inspiring to hear their brilliant insights about their home communities, community members, and families, as well as their ideas about ways to make their lives and the lives of people in their communities better.

PULLING TOGETHER FOR WELLNESS

FOCUSED ON COMMUNITY CONVERSATION RESULTS AND RECOMMENDATIONS

TRIBAL AND URBAN INDIAN LEADERSHIP RECOMMENDATIONS TO DOH AND THE LEGISLATURE

JULY 2025

PULLING TOGETHER FOR WELLNESS

2025 AIHC Maternal Mortality Recommendations to DOH and The Legislature

1. **Uphold Tribal Sovereignty** – this is fundamental for all issues related to Tribes, as it is the law of the land.
2. Prioritize elimination of Native Maternal Mortality until the disparity is eliminated.
3. Acknowledge that the Maternal Mortality of AI/AN birthing people is a crisis.
4. Work with DOH to change the review process to include pregnancy associated deaths for full examination in the review process by State MMRP.

PULLING TOGETHER FOR WELLNESS

2025 AIHC Maternal Mortality Recommendations to DOH and The Legislature

5. Continue efforts to facilitate discussions regarding MMR in each Tribal community and urban Indian community.
6. Align with Opioid/Fentanyl Response Taskforce efforts as they relate to maternal mortality and morbidity.
7. Explore development of Maternal Mental Health Behavior Health Aide provider type and a Maternal Health Support hotline.
8. Continue investment in the people who experience the highest level of impact of social determinants of health, the highest mortality rates, and are most affected by discrimination.

PULLING TOGETHER FOR WELLNESS

2025 AIHC Maternal Mortality Recommendations to DOH and The Legislature

9. Support the implementation of the Pulling Together for Wellness framework at the Tribal/UIHO level.
10. Support sustainable long-term implementation of the AI/AN PRAMS-like survey, State PRAMS survey, and ACEs questionnaire.
11. Assess provider training and education within state systems to understand gaps in knowledge base in working with Tribes and AI/AN people.
12. Utilize AIHC's MCHBG assessment data, Community Conversations data, other Tribally developed and led data sets for planning and policy development, in combination with the addendum recommendations.

PULLING TOGETHER FOR WELLNESS

2025 AIHC Maternal Mortality Recommendations to DOH and The Legislature

13. Continuously monitor the implications of recent federal actions and policy changes that impact State and Tribal funding, affecting AIAN health and wellness systems, structures, and supports.

14. Support the Washington State-administered Pregnancy Risk Assessment Monitoring Survey and Surveillance System (PRAMS), as well as the AIAN Pregnancy Resilience and Risk Assessment and Action Monitoring Surveillance System (AI/AN PRRAAMSS).

PULLING TOGETHER FOR WELLNESS

Seven Original Tribal/Urban Indian Leader Standing Recommendations from 2023 Addendum

1. Reduce Native Maternal Mortality until the disparity is eliminated
2. Culturally appropriate engagement and building trust is critical
3. Tribal-led data needs assessments, planning, administration and analysis, including PRAMS to address root causes and harm reduction
4. Address historical inequities and create trust in health transformation system change through policy, inclusion, and allocation of funds
5. Improve and expand access for culturally relevant services and resources
6. Funding, focus and prioritize support of Tribal-led workforce planning and development
7. Support and fund Tribal-led nutrition planning and development, such as Food Sovereignty and First Foods (breast-feeding

PULLING TOGETHER FOR WELLNESS

2025 AIHC Maternal Mortality Recommendations to DOH and The Legislature

- These recommendations are strong and important strategies in the work of improving AI/AN maternal, infant, and family health.
- It is important to note that although most of the Tribal/Urban Indian leader recommendations for the 2025 Addendum are new, **the original recommendations still stand as foundational recommendations and strategies, which need to be reviewed and considered when actions and projects are suggested**.
- The 14 new leadership recommendations reflect the rich detail of working face-to-face in the community, the work that has occurred in the last 2 years and the impacts of the current state and federal environment.
- The one original recommendation that is consistent in both is the 2023 and the 2025 AI/AN Addendum is “Prioritize reducing Native Maternal Mortality until the disparity is eliminated” with the addition of “as well as maintain this priority until it is achieved” in the 2025 report.

PULLING TOGETHER FOR WELLNESS

UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

1. Reduce Native Maternal Mortality until the disparity is eliminated

1. There are several Tribal and Urban Indian grass roots organizations (versus Tribal Nations) who are conducting significant birth justice work in their communities.
2. AIHC is working on the AI/AN PRAMS Project to administer a unique AI/AN PRRAAMS survey. This is a Tribal-led project to address root causes.
3. AIHC Maternal Child Health Block Grant (MCHBG) needs assessment; was designed and implemented as a Tribal led project.
4. AIHC Community Conversations Project is gathering data on the health of Native PBP people.
5. AIHC MIH workgroup survey is gathering data on the needs/resources gap in Tribal and Urban Indian communities.
6. AIHC is gathering data about the feasibility of Tribal MMRP/C models and raising awareness of this effort to leadership and elders.
7. AIHC is conducting a study regarding the needs of AI/AN families utilizing WIC.

PULLING TOGETHER FOR WELLNESS

UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

2. Culturally appropriate engagement and building trust

1. **AIHC is working on the AI/AN PRAMS Project to administer a unique AI/AN PRRAAMS survey. This is a Tribal-led project to address root causes.**
2. **AIHC is applying appropriate comprehensive strategies in engagement and trust building.**

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UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

3. Tribal-led data needs assessments, planning, administration, and analysis, including Tribal PRAMS and harm reduction strategies.

1. **AIHC is working on the AI/AN PRAMS Project to administer a unique AI/AN PRRAAMS survey. This is a Tribal-led project to address root causes.**
2. **AIHC MCHBG needs assessment; was designed and implemented as a Tribal led project.**
3. **AIHC Community Conversations Project is gathering data on the health of Native PBP people.**
4. **AIHC MIH workgroup survey is gathering data on the needs/resources gap in Tribal and Urban Indian communities.**

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UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

4. Address historical inequities and create trust in health transformation system change through policy, inclusion, and allocation of funds

1. **Tribes, Urban Indian Health leaders, AIHC, and legislative/state agency partners worked together to successfully pass the Traditional Indian Medicine Bill.**

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UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

5. Improve and expand access for culturally relevant services and resource

1. **Affiliated Tribes of Northwest Indians (ATNI) adopted the PTW framework and its 21 competencies by resolution as the policy of ATNI Conference in May.**
2. **AIHC's PTW framework is a culturally grounded policy, systems, or environmental change approach and introduces the concept of the Seven Generational Principle in Tribal and non-Tribal training.**
3. **Generational Clarity training is available through AIHC. The training addresses the impact of historical trauma and adverse childhood experiences on the health and well-being of AI/AN people. It includes the importance of both our authentic stories and the acknowledgment of the strength of our ancestors.**

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UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

6. Funding, focus and prioritize support of Tribal-led workforce planning and development

1. **Tribal, Urban Indian, and Indigenous Grass Roots organizations such as the Northwest Portland Area Indian Health Board, Hummingbird Indigenous Family Services, and the Center for Indigenous Midwifery are working on training.**
2. **AI/AN Community Health Aides and Behavioral Health Aides, Indigenous Doulas and Lactation Consultants, and Community Midwives and Childbirth Educators respectively.**

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UPDATES ON 2023- 25 PROGRESS TO ADDRESS AI/AN MATERNAL MORTALITY

7. Support and fund Tribal-led nutrition planning and development, such as Food Sovereignty and First Foods (breast-feeding

1. **AIHC has sponsored a Food Sovereignty Speaker Series for two years based on feedback from Tribal communities. The series has had inspirational and captivating AI/AN experts to address topics like kinship and reciprocity with our environmental and cultural resources, first foods, access to traditional foods and medicines, nutrition, sacred tobacco, addressing hunger in tribal settings, cultivating gardens, harvesting, meal preparation, and more.**

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2025 AIHC Maternal Mortality Recommendations to DOH and The Legislature

See the full 2025 American Indian Health Commission Addendum, including:

- Twenty (20) updates and actions in response to the 2023 AI/AN Leadership
- Tribal Program Highlight: Suquamish Tribe Changing Tides, Helping Hands Home Visiting Program
- Tribal/Urban Indian Leaders' Recommendations to improve the health of Native pregnant, birthing and postpartum women and people

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Visit our website for more info on our public health programs, including Maternal and Family Health:

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Gunalcheesh, Kaqinalin, Thank you!

For more information:

AIHC Website: aihc-wa.com

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Connecting 2025 MMRP Report Recommendations to Your Priorities

- Are you **involved in efforts** to implement one or more of the report or addendum **recommendations** **at the community level**? Or **hope to start soon**?
- **With whom** do you hope to **collaborate**? Others on this call? How can you **connect**?
- What recommendations are **most relevant** in your region, profession, or **community**?
- How can the report's findings and recommendations **support your work and priorities**?
- Are there **other efforts you are aware of** that you want to share?

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