Maternal, Infant, & Child Health
• Total birth rates and teen birth rates for Alaska Native women have decreased significantly during the past two decades.

• The prevalence of birth defects among Alaska Native children has increased significantly since 1997.

• Preterm birth among Alaskan Native infants has fluctuated between 10-13% during the past two decades.

• More than three-quarters (76.4%) of Alaska Native mothers begin prenatal care during the first trimester.

• More than half (54.5%) of Alaska Native mothers receive adequate prenatal care, as measured by the Kessner Index of Care. More than 90% receive intermediate or adequate prenatal care.

• More than a third (35.8%) of Alaska Native mothers reported tobacco use during pregnancy in 2013.

• 3.5% of Alaska Native mothers reported use of alcohol during pregnancy in 2012.

• More than 90% of Alaska Native mothers initiate breastfeeding; at 8 weeks, 71.7% are still breastfeeding their infant.

• More than a third (39.9%) of Alaska Native adults report that they witnessed domestic violence as a child.

• More than one in three (37.8%) Alaska Native mothers of 3-year olds report that their child has experienced tooth decay. Almost two-thirds (63.3%) of sampled Alaska Native kindergarten children, and 83.4% of sampled Alaska Native 3rd grade children have experienced tooth decay.
Definition
The birth rate is the total number of live births per 1,000 persons in a population per year. It is calculated by dividing the number of births in a population by the number of persons in the population. For Alaska Native people, the birth rate was calculated for births to Alaska Native mothers who are Alaska residents. The unadjusted birth rate allows tracking of population change over time.

Summary
- In 2013, the unadjusted birth rate for Alaska Native people statewide was 19.2 births per 1,000 persons.
- The Alaska Native birth rate was 1.4 times that of Alaska Whites in 2013.
- During 1991 to 2013, the unadjusted birth rate for Alaska Native people decreased significantly (p<0.01).
- During 2009 to 2013, unadjusted birth rates varied significantly by tribal health region, ranging from 12.9 to 30.3 births per 1,000 population.

Birth Rate per 1,000 Population, 1991-2013
Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section; Centers for Disease Control and Prevention, National Vital Statistics System
Appendix Table C-58
Birth Rate

Alaska Native Birth Rate Per 1,000 Population by Tribal Health Region, 2009-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-59

[Map of Alaska showing birth rates by region]
Teen Birth Rate

Definition
The teen birth rate is the number of live births to females, 15 to 19 years of age, per 1,000 females in the population in this age group per year. The teen birth rate is used as an indicator of the health status of populations because teens are often less prepared than older women for pregnancy and parenthood, have limited resources, and are more likely to have preterm births and low birth weight infants.\(^7\)

Summary
- In 2013, the Alaska Native teen birth rate was 47.3 per 1,000, more than double that of Alaska White (20.5) and U.S. White (18.6) teens.
- During 1991 to 2013, Alaska Native teen birth rates decreased significantly (p<0.01). Teen births decreased for both 15-17 and 18-19 year olds.
- In 2009-2013, the Alaska Native birth rate for 15-17 year olds was 30.7 per 1,000 and 125.0 per 1,000 for 18-19 year olds.
- Almost three-quarters (73.7%) of Alaska Native teen births were among 18-19 year olds.
- During 2009 to 2013, rates of teen birth varied widely by tribal health region ranging from 25.8 to 101.3 per 1,000.

Teen Birth Rate, 1991-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section; Centers for Disease Control and Prevention, National Vital Statistics System

Appendix Table C-60
Teen Birth Rate

Teen Births by Age Group and Race, 1990-1993 to 2009-2013
Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-61

Alaska Native Teen Birth Rate Per 1,000 by Tribal Health Region, 2009-2013
Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-62
Birth Defects

Definition

Birth defects are conditions present at birth that change the shape or function of one or more parts of the body. Common birth defects include heart defects, cleft lip and cleft palate, and spina bifida. The majority of birth defects occur during the first three months of pregnancy and the cause of most are unknown. However, women can increase their chances of having a healthy baby by managing health conditions and practicing healthy behaviors before and during pregnancy. These can include getting 400 mcg of folic acid every day, getting early and regular prenatal care, avoiding harmful substances, preventing infections, and living a healthy lifestyle. The data presented here only include children who have at least one of 45 birth defects that are considered major congenital anomalies and are collected by the National Birth Defects Prevention Network (NBDPN). Alcohol-related birth defects, including fetal alcohol syndrome are not included.

Data is based on birth defects reported to the State of Alaska birth registry. The registry accepts reports for individuals who were less than 6 years of age at the time of treatment up until their 7th birthday. Thus, the data for individuals born in or after 2009 is provisional.

Objectives

Reduce the occurrence of spina bifida to 30.8 cases per 100,000 live births.

Healthy People 2020, Goal MICH-28.1

Reduce the occurrence of anencephaly to 22.1 cases per 100,000 live births.

Healthy People 2020, Goal MICH-28.2

Summary

- The prevalence rate of birth defects among Alaska Native children was 461.5 per 10,000 live births in 2013, a significantly higher rate than Alaska White children. Note this trend is provisional as data is still being collected for births occurring from 2009 through present.

- The rate of birth defects among Alaska Native children increased significantly during 1997 to 2013 (p<0.01). The rate of birth defects among Alaska Native children also increased significantly (p<0.05) during 2000 to 2008, the time period which excludes both provisional data and data before 2000, collected using a different methodology than currently used.

- The leading types of major birth defects are cardiovascular (51.2%), orofacial (15.4%), genitourinary (11.0%), and musculoskeletal (8.7%).

- The prevalence of birth defects varies by tribal health region, ranging from 428.0 to 829.6 per 10,000 live births.
Prevalence of Birth Defects, Alaska Statewide, 1997-2013

Data Source: Alaska Division of Public Health, Alaska Birth Defects Registry

Appendix Table C-63

Leading Types of Birth Defects, Alaska Native Children, Statewide, 2009-2013

Data Source: Alaska Division of Public Health, Alaska Birth Defects Registry

Appendix Table C-64
Preterm Birth

Definition
The average length of human gestation is 40 weeks, starting from the first day of the woman’s last menstrual period. **Preterm birth** is defined as childbirth occurring at less than 37 completed weeks of gestation. Preterm infants are at greater risk for mortality and a variety of health and developmental problems. Infants born at the earliest gestational ages have the greatest risk of mortality and morbidity.\(^9\)

Objective
Reduce preterm births to 11.4%.

*Healthy People 2020, Goal MICH-9.1*

Summary
- In 2013, 12.1% of Alaska Native infant births were preterm, significantly higher than Alaska White infants (7.9%).
- During 1991-2013, the percentage of Alaska Native preterm births fluctuated, with no significant overall change during the time period (p>0.01).
- Alaska Native preterm births varied by tribal health region, ranging from 9.0% to 14.1%.

Preterm Births (<37 weeks), 1991-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Sections; Centers for Disease Control and Prevention, National Vital Statistics System
Appendix Table C-65

![Graph showing preterm birth rates](chart.png)
MATERNAL, INFANT, & CHILD HEALTH

Preterm Birth

Length of Gestation, 2009-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section; Centers for Disease Control and Prevention, National Vital Statistics System
Appendix Table C-66

Alaska Native Infants Statewide  Alaska White Infants Statewide  U.S. White Infants

Alaska Native Preterm Births (<37 weeks) by Tribal Health Region, 2009-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-67
**Low Birth Weight**

**Definition**

Low birth weight (LBW) is defined as a birth weight of less than 2,500 grams (5 pounds, 8 oz.). Normal birth weight is a birth weight of 2,500 grams or more. Low birth weight is a result of either preterm birth or small for gestational age, or both. Low birth weight infants are more likely to have physical and developmental health problems and are at increased risk of death during the first year of life than are infants of normal weight.  

**Objective**

Reduce low birth weight to 7.8%.

*Healthy People 2020, Goal MICH-8.1*

**Summary**

- In 2013, 5.8% of Alaska Native infants statewide were born with low birth weight, thus achieving the Healthy People 2020 goal.
- There was no significant difference between the percentage of Alaska Native and Alaska White low birth weight infants (p>0.01).
- During 1991-2013, the percentage of low birth weight Alaska Native infants increased overall though there was fluctuation during this time.
- During 2009-2013, the percentage of low birth weight Alaska Native infants varied by region ranging from 3.6% to 7.7%.

**Low Birth Weight, 1991-2013**

*Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section; Centers for Disease Control and Prevention, National Vital Statistics System*

Appendix Table C-68

Note: Race is based on the race of the infant for Alaska data. Alaska Native includes mothers of Alaska Native infants born to either an Alaska Native mother or father. U.S. White data is based on the race of the mother.
Low Birth Weight

Births by Birth Weight, 2009-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section; Centers for Disease Control and Prevention, National Vital Statistics System
Appendix Table C-69

Alaska Native Low Birth Weight by Tribal Health Region, 2009-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-70
Prenatal Care Initiation

Definition

Prenatal care initiation is based on the mother’s self-report of the first month of pregnancy in which prenatal care began, as documented on the infant’s birth certificate. Initiation of prenatal care in the first trimester is an important preventive strategy to protect the health of both mother and child. Care ideally begins before conception and includes preventive care, counseling, and screening for risks to maternal and fetal health.

Objective

Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester to 77.9%.

Healthy People 2020, Goal MICH-10.1

Summary

• The proportion of Alaska Native mothers who were documented to have begun prenatal care in the first trimester was 76.4% in 2013.

• The proportion of Alaska Native mothers beginning prenatal care in the first trimester was significantly lower compared to Alaska White mothers.

• The proportion of Alaska Native mothers beginning prenatal care in the first trimester has remained relatively stable between 1991-2013.

• The proportion of Alaska Native mothers beginning prenatal care in the first trimester varied by tribal health region ranging from 56.0% to 83.5% in 2009-2013.

First Trimester Prenatal Care Initiation, 1991-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section

Note: This measure of prenatal care is based on documented prenatal care and is dependent on clinical and birth certificate documentation, and may underrepresent actual prenatal care received.
**Prenatal Care Initiation**

**Prenatal Care Initiation by Trimester, 2009-2013**

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-72

![Bar chart showing percentage of Alaska Native mothers and Alaska White mothers who initiated prenatal care by trimester.](chart.png)

- **1st Trimester**
  - Alaska Native Mothers Statewide: 74.6%
  - Alaska White Mothers Statewide: 82.7%

- **2nd Trimester**
  - Alaska Native Mothers Statewide: 20.4%
  - Alaska White Mothers Statewide: 14.1%

- **3rd Trimester**
  - Alaska Native Mothers Statewide: 5.0%
  - Alaska White Mothers Statewide: 3.2%

---

**Alaska Native First Trimester Prenatal Care Initiation by Tribal Health Region, 2009-2013**

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-73

![Map showing Alaska with different regions and percentage of first trimester prenatal care initiation.](map.png)

- **56% - 63%**
  - Norton Sound
  - Arctic Slope
  - Northwest Arctic

- **64% - 70%**
  - Interior
  - Anchorage/ Mat-Su
  - Copper River/PWS

- **71% - 76%**
  - Yukon-Kuskokwim
  - Bristol Bay

- **77% - 84%**
  - Kenai Peninsula
  - Kodiak Area
  - Southeast

- **0% - 10%**
  - Aleutians & Pribilofs

- **10% - 20%**
  - Arctic Slope
  - Northwest Arctic

- **20% - 30%**
  - Interior
  - Anchorage/ Mat-Su
  - Copper River/PWS

- **30% - 40%**
  - Norton Sound
  - Arctic Slope
  - Northwest Arctic

- **40% - 50%**
  - Interior
  - Anchorage/ Mat-Su
  - Copper River/PWS

- **50% - 60%**
  - Norton Sound
  - Arctic Slope
  - Northwest Arctic

- **60% - 70%**
  - Interior
  - Anchorage/ Mat-Su
  - Copper River/PWS

- **70% - 80%**
  - Norton Sound
  - Arctic Slope
  - Northwest Arctic

- **80% - 90%**
  - Interior
  - Anchorage/ Mat-Su
  - Copper River/PWS

- **90% - 100%**
  - Norton Sound
  - Arctic Slope
  - Northwest Arctic
Definition

The Kessner Index is a measure of adequacy of prenatal care. It is based on the month of the pregnancy when the prenatal care started, the number of visits, and the gestation length as documented on the birth certificate. The Kessner Index assigns three levels of care - adequate, intermediate, and inadequate. Adequate prenatal care is defined as care that begins in the first trimester and includes at least nine visits throughout the pregnancy. Intermediate prenatal care is defined as care that begins during the first or second trimester and includes five to eight visits. Inadequate prenatal care is defined as beginning in the third trimester and includes no more than four visits. Mothers having late or no prenatal care are more likely to have low birth weight or preterm infants and are at increased risk for pregnancy-related mortality and complications.

Objective

Increase the proportion of women who receive adequate prenatal care to 77.6%.

Healthy People 2020, Goal MICH-10.2

Summary

- In 2013, just more than half (54.5%) of mothers of Alaska Native infants had documented adequate prenatal care.
- During 1991-2013, the proportion of mothers receiving documented adequate prenatal care among mothers of Alaska Native infants decreased to a low of 43.0% in 2008 but has been trending upward since 2008.
- The average number of prenatal visits was essentially the same for mothers of Alaska Native infants compared with mothers of Alaska White infants (10.2 vs 10.7 respectively).
- During 2009-2013, the proportion of mothers receiving documented adequate prenatal care varied significantly by tribal health region, ranging from 30.7% to 80.5%.

Adequate Prenatal Care (Kessner Index), 1991-2013

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section

Appendix Table C-74

Note: This measure of prenatal care is based on documented prenatal care and is dependent on clinical and birth certificate documentation, and may underrepresent actual prenatal care received.
**Adequate Prenatal Care**

**Adequate Prenatal Care (Kessner Index), 2013**

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section

<table>
<thead>
<tr>
<th>Category</th>
<th>Adequate Care</th>
<th>Intermediate Care</th>
<th>Inadequate Care</th>
<th>No Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Native</td>
<td>54.5%</td>
<td>39.4%</td>
<td>4.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Mothers Statewide</td>
<td>68.8%</td>
<td>26.5%</td>
<td>3.7%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

**Number of Prenatal Visits per Pregnancy, 2013**

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section

<table>
<thead>
<tr>
<th>Number of Visits</th>
<th>Alaska Native Mothers Statewide</th>
<th>Alaska White Mothers Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+</td>
<td>53.6%</td>
<td>64.6%</td>
</tr>
<tr>
<td>5-9</td>
<td>34.7%</td>
<td>30.5%</td>
</tr>
<tr>
<td>1-4</td>
<td>10.4%</td>
<td>3.9%</td>
</tr>
<tr>
<td>None</td>
<td>1.2%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

**Adequate Prenatal Care by Tribal Health Region, 2009-2013**

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section

Appendix Table C-75

- 31% - 40%
- 41% - 50%
- 51% - 60%
- 61% - 81%

- Norton Sound
- Norton Arctic
- Anchorage / Mat-Su
- Copper River / PWS
- Southeast
- Kodiak
- Kenai Peninsula
- Bristol Bay
- Yukon-Kuskokwim
- Alaska Native
- Interior
- Arctic Slope
- Northwest
- Yukon-Kuskokwim
- Anchorage / Mat-Su
- Copper River / PWS
- Southeast
- Kodiak
- Kenai Peninsula
- Bristol Bay
- Yukon-Kuskokwim
- Alaska Native
- Interior
- Arctic Slope
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- Norton Arctic
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- Copper River / PWS
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- Copper River / PWS
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- Copper River / PWS
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- Kenai Peninsula
- Bristol Bay
- Yukon-Kuskokwim
- Alaska Native
- Interior
- Arctic Slope
- Northwest
**Definition**

_Prenatal tobacco use_ includes women who self-reported tobacco use during pregnancy as documented on the birth certificate. Maternal smoking during pregnancy is the single most preventable cause of illness and death for both infants and mothers. Harmful effects of exposure to tobacco smoke include reduced fertility, adverse effects on fetal and child development, and adverse pregnancy outcomes such as premature birth, low birth weight, stillbirth, and infant mortality.  

**Objective**

Increase abstinence from cigarette smoking among pregnant women to 98.6%.

_Healthy People 2020, Goal MICH-11.3_

**Summary**

- During 1991-2012, the percentage of Alaska Native mothers who reported smoking during pregnancy decreased significantly. In 2013, more than a third (35.8%) of Alaska Native mothers reported any tobacco use during pregnancy.
- During 1991-2013, the percent of Alaska Native mothers reporting prenatal tobacco use was consistently about two times greater than mothers of Alaska White infants.
- During 2009-2012, prenatal smoking varied by tribal health region, ranging from 15.4% to 50.9%.

**Prenatal Tobacco Use, 1991-2013**

_data source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section_

Appendix Table C-76

![Graph showing percentage of smoking among Alaska Native and White mothers, with data from 1991 to 2013.](image)

Note: Caution should be used when comparing data before and after 2013. Prior to 2013, the data represent mothers reporting smoking, and starting in 2013 the data represents mothers reporting any tobacco use.
Alaska Native Prenatal Tobacco Use by Tribal Health Region, 2009-2012

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-77
**Prenatal Alcohol Use**

**Definition**

*Prenatal alcohol use* includes women who self-reported consumption of alcohol during pregnancy on their infant’s birth certificate. Use of alcohol during pregnancy can result in miscarriage, stillbirth, and adverse physical and neurological problems known as fetal alcohol spectrum disorders (FASD). Prenatal alcohol use is the leading preventable cause of birth defects and mental retardation.

**Objective**

Increase abstinence from alcohol among pregnant women to 98.3%.

*Healthy People 2020, Goal MICH-11.1*

**Summary**

- In 2012, 3.5% of Alaska Native mothers reported any use of alcohol during pregnancy.
- In 2012, alcohol use among Alaska Native mothers was significantly higher than that of Alaska White mothers (2.4%, p<0.01).
- Between 1990 and 2012, the percentage of Alaska Native mothers consuming alcohol during pregnancy decreased significantly (p<0.01).
- During 2009 to 2012, prenatal alcohol use varied by tribal health region, ranging from <1% to 6.0%.

**Prenatal Alcohol Use, 1990-2012**

*Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section*

*Appendix Table C-78*

Note: Race is based on the race of the infant. Alaska Native includes mothers of Alaska Native infants born to either an Alaska Native mother or father. Alcohol use was included in the birth certificate until 2012 and is no longer included in the current birth certificate.
Prenatal Alcohol Use

Alaska Native Prenatal Alcohol Use by Tribal Health Region, 2009-2012

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-79

[Map showing Alaska with regions shaded to indicate different percentages of prenatal alcohol use]
Prenatal Intimate Partner Violence

Definition

Prenatal intimate partner violence can include both physical or emotional abuse by a husband or partner during pregnancy. Prenatal physical abuse includes women who reported that their husband or partner pushed, hit, slapped, kicked, choked, or physically hurt them in any other way during their most recent pregnancy. Prenatal emotional abuse includes women who reported that their husband or partner threatened them, limited their activity against their will, or made them feel unsafe in any other way during their most recent pregnancy. Violence during pregnancy increases the likelihood of pregnancy complications and adverse birth outcomes such as low birth weight, pre-term birth, increased risk of Cesarean delivery, uterine rupture, hemorrhage, miscarriage, and hospitalizations during pregnancy.14

Summary

• The percentage of Alaska Native women reporting physical abuse by a husband or partner during pregnancy was 3.6% in 2012, a 62% decrease from 2000.

• The percentage of Alaska Native women reporting emotional abuse during pregnancy was 3.3% in 2012, a 61% decrease from 2000.

• In 2012, the prevalence of prenatal physical abuse among Alaska Native women was 4 times that of non-Native women, and the prevalence of prenatal emotional abuse was 1.5 times higher.

Prenatal Physical Abuse by Husband or Partner, 2000-2012

Data Source: Alaska Division of Public Health, Alaska Pregnancy Risk Assessment Monitoring System; Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System

AK Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-80
Prenatal Intimate Partner Violence

Prenatal Emotional Abuse by Husband or Partner, 2000-2012

Data Source: Alaska Division of Public Health, Alaska Pregnancy Risk Assessment Monitoring System; Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System

AK Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-81

Note: Comparable U.S. data are not available for prenatal emotional abuse.
Breastfeeding

Definition

Breastfeeding is beneficial to both infants and mothers. Benefits to the infant include protection against infectious diseases and sudden infant death syndrome, and reduced risk of diabetes, certain cancers, overweight/obesity, and asthma. Benefits to the mother include earlier return to pre-pregnancy weight, decreased risk of breast and ovarian cancer, and infant bonding. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life, and continued breastfeeding for the first year of life and beyond as mutually desired by mother and child. Breastfeeding initiation includes women who report having ever breastfed or pumped breast milk to feed to their newborn. Breastfeeding at 4 weeks and breastfeeding at 8 weeks includes mothers who report that they were still breastfeeding or feeding pumped milk to their newborn at 4 and 8 weeks postpartum, respectively.

Objective

Increase the proportion of infants who are ever breastfed to 81.9%.
Healthy People 2020, Goal MICH-21.1

Summary

- In 2012, 91.6% of Alaska Native women initiated breastfeeding, achieving the Healthy People 2020 goal. At 4 weeks postpartum 81.7% were still breastfeeding, and at 8 weeks postpartum 71.7% were still breastfeeding.
- Breastfeeding initiation among Alaska Native women increased by 10% between 2000 and 2012.
- There was no significant difference in breastfeeding initiation, breastfeeding at 4 weeks, or breastfeeding at 8 weeks between Alaska Native and Alaska non-Native women in 2012. Breastfeeding among Alaska Native women was higher than for U.S. women during all time periods through 2011.

Breastfeeding Initiation, 2000-2012

Data Source: Alaska Division of Public Health, Alaska Pregnancy Risk Assessment Monitoring System; Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System
AK Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit
Appendix Table C-82
Breastfeeding at 4 Weeks, 2000-2012

Data Source: Alaska Division of Public Health, Alaska Pregnancy Risk Assessment Monitoring System; Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System

AK Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-83

Breastfeeding at 8 Weeks, 2000-2012

Data Source: Alaska Division of Public Health, Alaska Pregnancy Risk Assessment Monitoring System; Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System

AK Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-84
Diet - Sugar Sweetened Beverages

Definition

Sugar sweetened beverages include drink products with added sugar as an ingredient. These include regular soda (pop), fruit drinks, sport drinks, energy drinks, flavored water drink, and iced teas. Diet drinks that contain artificial sweeteners with 0 grams of added sugar and juices made from 100% juice are excluded. Sugar sweetened beverages can contain up to 30 grams of added sugar per serving, and are associated with increased daily calorie consumption. Children’s consumption of sugar sweetened beverages is associated with an increased risk of obesity, poor nutrition, and tooth decay.16

Summary

- In 2012-2013, 40.1% of Alaska Native mothers of 3 year old children reported that their child did not drink any sweetened drinks (excluding soda) in the previous day. Almost twice as many non-Native mothers (76.2%) reported their child consumed no sweetened drinks on the previous day.

- In 2012-2013, 73.0% of Alaska Native mothers reported that their child did not drink any soda in the previous day. Among non-Native mothers, 85.9% reported that their child did not consume soda in the previous day.

- Consumption of sweetened drinks (excluding soda) among all children remained more or less constant between 2008-2009 and 2012-2013, however it appears that soda consumption may be decreasing.

Abstained from Sweetened Drinks on Previous Day, 3 Year Old Children, Alaska Statewide, 2008-2013

Data Source: Alaska Division of Public Health, Alaska Childhood Understanding Behaviors Survey (CUBS)

Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-85
**Diet - Sugar Sweetened Beverages**

**Abstained from Soda on Previous Day, 3 Year Old Children, Alaska Statewide, 2008-2013**

Data Source: Alaska Division of Public Health, Alaska Childhood Understanding Behaviors Survey (CUBS)

Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-86

**Sweetened Drink Consumption, 3 Year Old Alaska Native Children, Alaska Statewide, 2012-2013**

Data Source: Alaska Division of Public Health, Alaska Childhood Understanding Behaviors Survey (CUBS)

Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-87

**Soda Consumption, 3 Year Old Alaska Native Children, Alaska Statewide, 2012-2013**

Data Source: Alaska Division of Public Health, Alaska Childhood Understanding Behaviors Survey (CUBS)

Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-88
**Childhood Witness to Violence**

**Definition**

*Childhood witness to violence* includes people who have witnessed domestic violence or abuse in person as a child. Witnessing violence can lead to the development of negative outcomes including inappropriate attitudes towards violence, behavioral problems, and emotional problems.\(^7\) Child witnesses to violence are more likely to be victims of physical and sexual abuse themselves.\(^8\)

Childhood witness to violence as reported by mothers of 3-year olds includes those who report that their child has ever seen violence or physical abuse in person.

Childhood witness to violence as reported by adults includes those who report that as a child, they saw or heard a parent or guardian being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner.

**Summary**

- Among Alaska Native mothers of 3-year olds, 7.8% reported in 2012-2013 that their child saw violence or abuse in person.
- During 2008-2009 to 2012-2013, there appears to have been a decline in Alaska Native 3 year olds witnessing violence (13.5% to 7.8%).
- In 2012, more than one in three Alaska Native adults (39.9%) reported that they had witnessed domestic violence as a child. Alaska Native adults reporting having witnessed violence as a child has increased significantly between 1999 and 2012.

**Childhood Witness to Violence, 3 Year Old Children, Alaska Statewide, 2008-2013**

*Data Source: Alaska Division of Public Health, Alaska Childhood Understanding Behaviors Survey (CUBS)*

*Data Analysis: Alaska Division of Public Health, Section of Women's, Children's & Family Health, Maternal & Child Health Epidemiology Unit*

*Appendix Table C-89*
Childhood Witness to Domestic Violence, Adults 18 Years and Older, Alaska Statewide, 1999-2012

Data Source & Analysis: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System

Appendix Table C-90
Childhood Dental Caries

Definition

**Childhood dental caries** includes infants or children who have ever experienced dental caries. Caries, also referred to as cavities or tooth decay, are caused by a bacterial infection that destroys the hard outer protective lining of the teeth.

Objectives

Reduce the proportion of children aged 3 to 5 years with dental caries experience in their primary teeth to 30%.

*Healthy People 2020, Goal OH-1.1*

Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth to 49.0%.

*Healthy People 2020, Goal OH-1.2*

Summary

- In 2012-2013, more than one in three (37.8%) Alaska Native mothers of 3-year olds reported that a health care provider had ever said their child had tooth decay, compared to less than one in ten (9.3%) non-Native mothers.

- In 2010-2011, almost two in three (63.3%) Alaska Native kindergarten children had experience with dental caries, a significantly higher proportion than the Alaska White (28.0%) and total Alaska populations (41.4%).

- In 2010-2011, more than 4 out of 5 (83.4%) Alaska Native 3rd grade children had experience with dental caries compared to about half (48.4%) of Alaska White children.

Dental Caries Among 3 Year Old Children, Alaska Statewide, 2008-2013

Data Source: Alaska Division of Public Health, Alaska Childhood Understanding Behaviors Survey (CUBS)

Data Analysis: Alaska Division of Public Health, Section of Women’s, Children’s & Family Health, Maternal & Child Health Epidemiology Unit

Appendix Table C-91
Childhood Dental Caries

Dental Caries Among Alaska Kindergarten Children, 2004-2011
Data Source: Alaska Division of Public Health, Alaska Oral Health Assessment
Appendix Table C-92

Dental Caries Among Alaska Third Grade Children, 2004-2011
Data Source: Alaska Division of Public Health, Alaska Oral Health Assessment
Appendix Table C-93

Note: The Alaska Oral Health Assessment survey methodology uses non-probability quota sampling from a sample of randomly selected Alaska schools. The results may not be representative of all Alaskan kindergarten children. The Alaska total includes all races and respondents with unknown race.