ACOG’s Recommendations to Improve Care for an “Invisible” Population

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By Jamie L. Habib [1]

ACOG has issued recommendations to improve care for American Indian and Alaska Native women.

According to 2000 US Census data, of the 4.3 million persons who identify themselves wholly or in some part as American Indian or Alaska Native, more than 1.8 million persons (43%) do not live in an area where health care is available through the federal Indian Health Service (IHS) program, and most people who identify themselves solely as American Indian or Alaska Native live in metropolitan areas.¹ Therefore, according to The American College of Obstetricians and Gynecologists (ACOG), it is important for obstetricians and gynecologists to understand the unique social and economic needs of American Indians and Alaska Natives.

Although there is little data specific to the health status of American Indian and Alaska Native women, a study of birth outcomes comparing American Indian and Alaska Native women living in urban areas to a general population of women living in the same area showed that American Indian and Alaska Native women had higher rates of prematurity; were nearly twice as likely to have had no prenatal care; had higher rates of smoking during pregnancy; had significantly greater rates of alcohol use; and had a significantly higher number of births to teenagers younger than 18 years.² In addition, it is estimated that 37% to 66% of American Indian and Alaska Native women who live in urban areas are overweight, and 20% are obese; these trends extend to their children as well.¹ Also, although the rates of cervical cancer are low in this population, it is more likely that when cervical cancer is found, it is in the late stages of disease.

ACOG suggests that its members do the following:
- Be aware of the increased risk profile of their American Indian and Alaska Native patients.
- Recognize that American Indian and Alaska Native women living in urban areas often are not eligible for health care from the IHS.
- Understand that many American Indian and Alaska Native women may not be eligible for or apply for health care safety net programs. Clinicians providing care to these women should educate them about such programs and assist with enrollment, if possible.
- Recognize that American Indian and Alaska Native women’s health care may be highly fragmented, geographically and otherwise.
- Encourage legislators to support adequate funding for the Indian Health Care Improvement Act, permanently authorized as part of the Patient Protection and Affordable Care Act.


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