

Arizona's Approach to Understanding and Addressing Maternal Mortality in American Indian and Alaska Native Communities

April 14, 2026

Maternal Health Timeline

Maternal Mortality & Severe Maternal Morbidity Meeting

Provide Stakeholders with data and create a common direction and shared vision

OCT
2018

- SB 1040 Introduced
- Tribal MM & SMM Meeting
- MM & SMM Meeting

JAN-MAR
2019

- SB 1040 Signed
- Tribal Consultation Meeting
- Maternal Mortality Action Plan Released
- Applied for AIM
- Applied for CDC ERASE MM Grant

APR-JUN
2019

- Applied for HRSA MHI Grant
- Accepted as an AIM State
- Awarded CDC & HRSA Grants

JUL-SEP
2019

- Kicked off CDC & HRSA Grants
- Submitted SB1040 Recommendations Report
- Maternal Health Task Force Inaugural Meeting

OCT-DEC
2019

Maternal Health Timeline

AIM Kick Off (Severe Hypertension in Pregnancy Safety Bundle)
Maternal Health & Family Wellness from an Indigenous Perspective Training Series
Perinatal Mental Health Training Series
Maternal Health Awareness Campaigns Launch (Hear Her, Hope Heals & See Me Differently)
Maternal & Infant Mortality Summit (Including Moving Beyond Labels Training)

2020

2021

2022

Released First SMM Report
Arizona AIM Collaborative
Launch POST-BIRTH Warning Signs & Prenatal Telemedicine Pilots
Arizona Maternal Mortality Summit (Including *Implicit Bias in Maternal Health Care*)
SB 1040 SMM & MM Report
Maternal Health Task Force Committees Created
Steering Committee, Tribal, AIM, & Mental Health

Maternal Mental Health Campaign Launched
Maternal Health Strategic Plan Developed & Shared (ITCA)
Tribal Evaluation Efforts Initiated

NIHB Convening on Tribal Maternal Mortality Review



It Takes a Village



Arizona's Maternal Mortality Review Program



Arizona's Maternal Mortality Review Committee (MMRC)

- Established as a subcommittee of the Child Fatality Review Program (S.B. 1121) in April 2011. Reviews began July 2011.
- Officially designated standalone committee in April 2025 (A.R.S. 36-3501.01)
- Administered by the Arizona Department of Health Services, Prevention Services Division, Bureau of Assessment and Evaluation, Office of Fatality Review, Maternal Mortality Review Program
- Funded by CDC's Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant 2019-2029
- A multidisciplinary committee consisting of clinical providers and community-based professionals tasked with the review of maternal deaths to better understand causes, contributing factors, and prevention opportunities

Maternal Mortality Review...

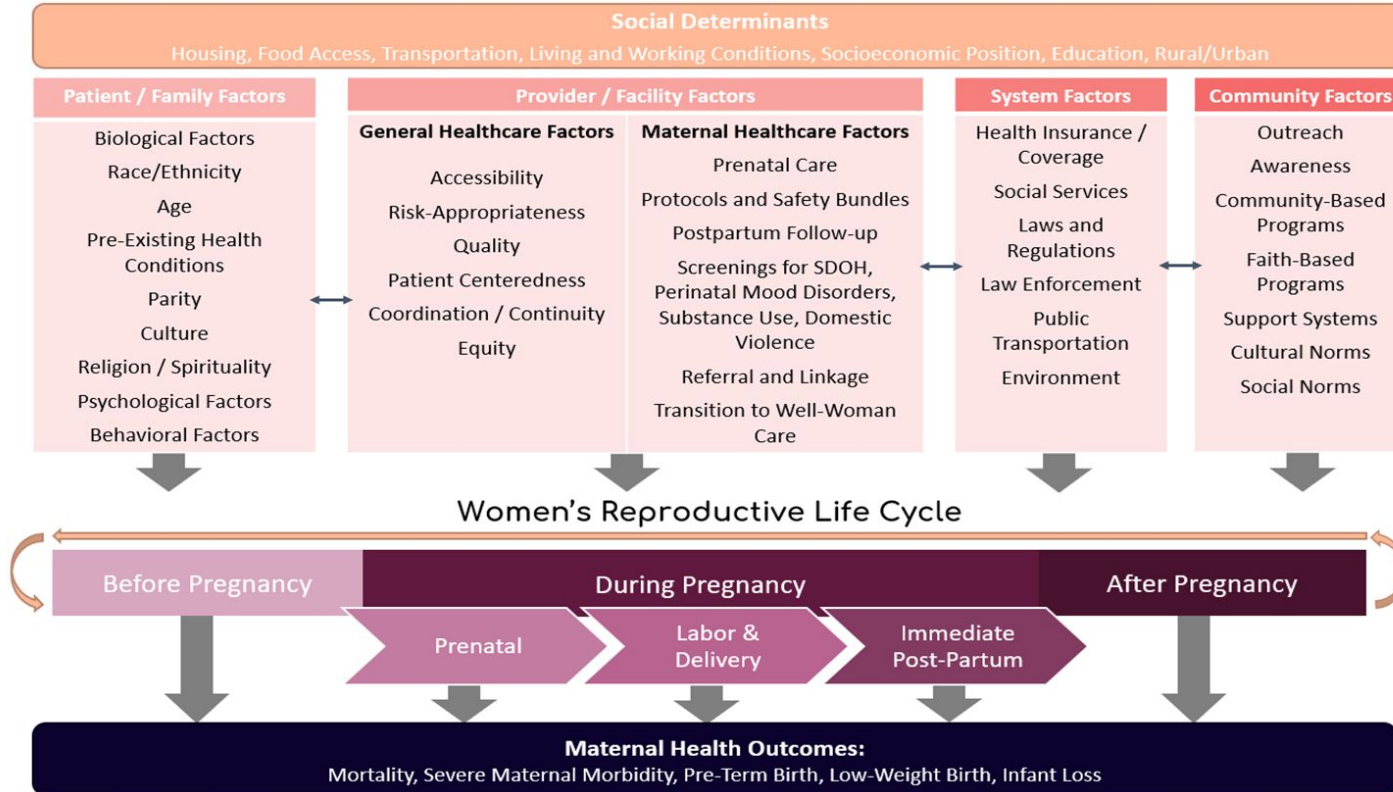
IS

- Ongoing anonymous and confidential process of data collection, analysis, interpretation and action
- Systematic process guided by policies, statutes, rules, etc.
- Intended to move from data collection to prevention activities

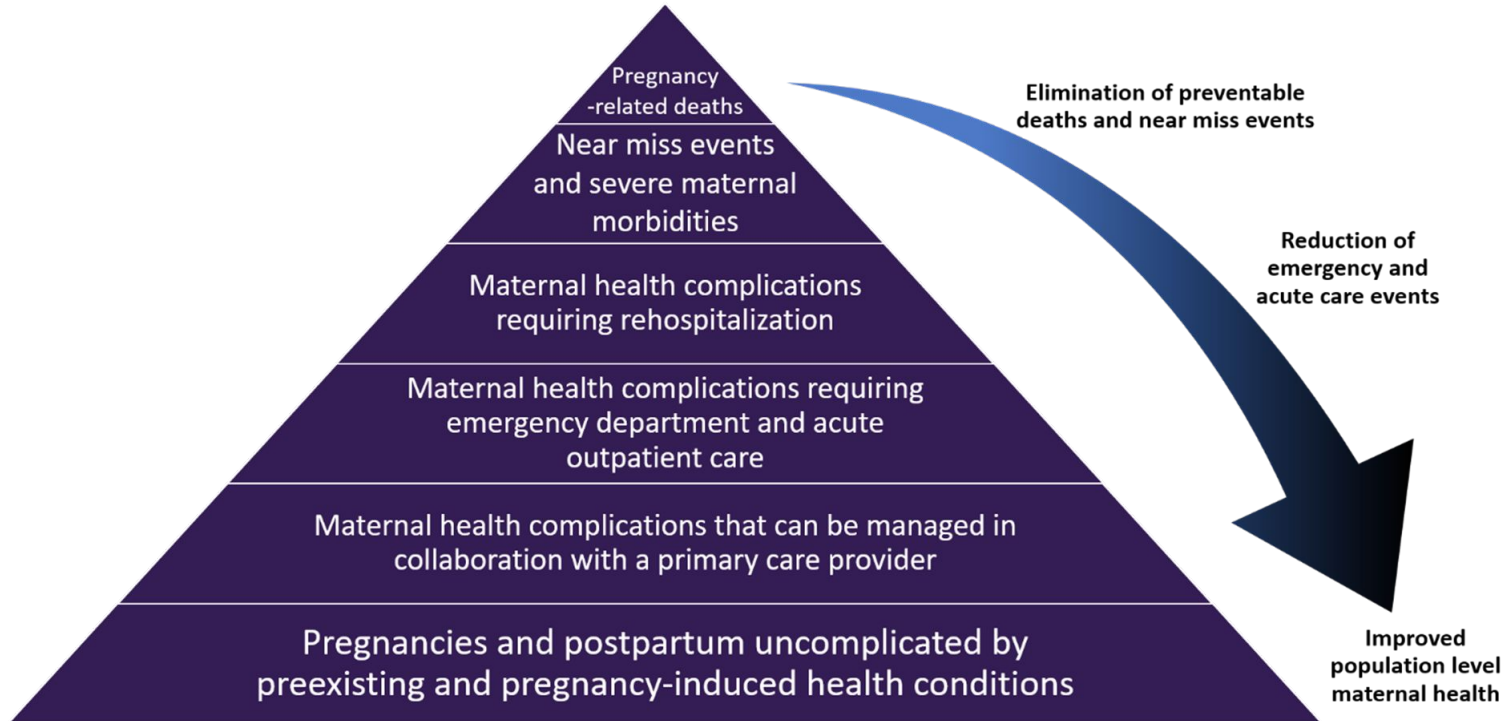
IS NOT

- A mechanism for assigning blame or responsibility for any death
- A research study
- Peer review
- An institutional review
- A substitute for existing mortality and morbidity inquiries

Factors Impacting Maternal Health Outcomes



Data that Fuels Action



Disclaimer

*Preliminary Data: Please do not distribute.

Data are preliminary.

Please do not take screenshots, or distribute the data in this presentation.

The report will be released by May 15, 2026.

Transforming AI/AN Case Reviews



Tribal Members in MMRCs

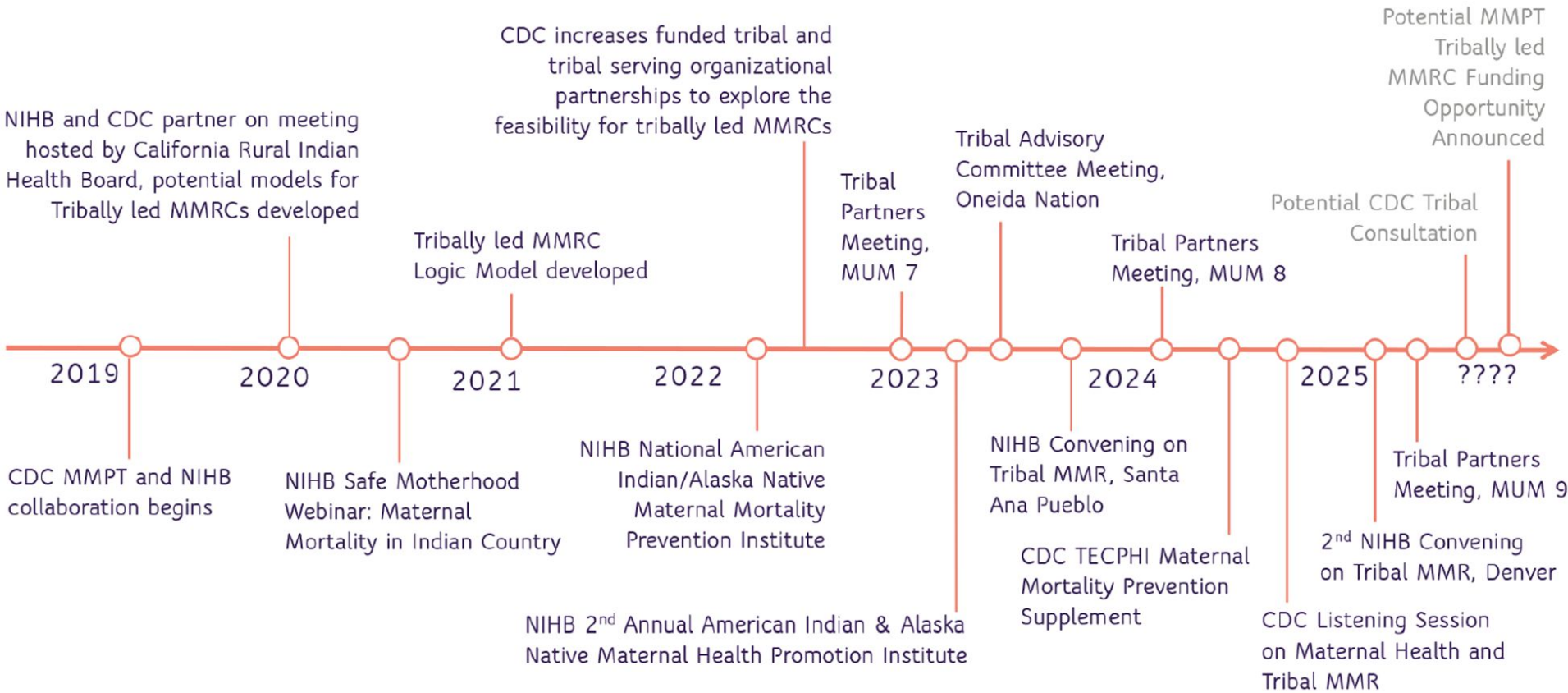
- There are no Tribally-led MMRCs and very few state MMRCs have Tribal representation
- “MMRCs have struggled to identify, engage, and meaningfully include diverse community members who can speak to the essential context, including the strengths and needs of the communities they represent.”

Community Challenges Engaging with MMRCs: Data and Legislative Barriers

https://blackmamasmatter.org/wp-content/uploads/2022/09/0906_IssueBrief_MMRC02B.pdf



MMPT Engagement Timeline: Exploring Tribal MMRCs



Arizona's Journey to Transform AI/AN Case Reviews

March 2024: First ever non-clinical, Native Co-Chair (Kim Moore-Salas)

June 2024: AI/AN members requested the blended model (i.e. AI/AN Subcommittee)

July 2024: Onboarded additional Tribal members to the MMRC

October 2024: Began logistics planning for the AI/AN Subcommittee

Jan – July 2025: Developed guiding statements and piloted AI/AN-specific case reviews

August 2025: Hosted an inaugural meeting in Phoenix and opened membership application

November 2025: Formalized AI/AN Subcommittee and relationship agreement in MMRC bylaws

Arizona's Journey to Transform AI/AN Case Reviews

December 2025: Onboard ~40 new members to the AI/AN Subcommittee

January 2026: First virtual convening included open co-chair application and call for workgroups

March 2026: Second virtual convening included co-chair selection and workgroup updates

Next steps:

- Workgroups continue to convene for behind-the-scenes preparation
- Hold the first in-person AI/AN-specific case review meeting
- Co-develop an AI/AN-specific maternal mortality data product

AI/AN Subcommittee Guiding Statements

Scope: To conduct a holistic review of all identified deaths of American Indian and Alaska Native persons that occur during pregnancy or within one year after pregnancy ends. This includes deaths in Arizona and deaths of Arizona residents that happen in other states. The review will examine all causes of death.

Mission: To respect tribal sovereignty, honor lived experiences, and integrate traditional knowledge by providing culturally-rooted, community-centered recommendations that address maternal health disparities impacting American Indian and Alaska Native persons to public health and health care systems in Arizona.

Vision: Cultivating a future where American Indian and Alaska Native maternal and family health and well-being thrive by promoting culturally-affirming, long-term, sustainable solutions.



Inaugural Meeting

Mapping Our Path: A Gathering to Inform and Transform Maternal Mortality Reviews for American Indian and Alaska Native Communities

Date: August 20, 2025 **Time:** 9:00 AM – 4:00 PM

Location: Steele Indian School Park, Phoenix, AZ

Hosted in partnership:

- ADHS Maternal Mortality Review Program
- ADHS Maternal Health Innovation Program
- Navajo Maternal and Child Project at Diné College
- Inter Tribal Council of Arizona Tribal Epidemiology Center
- Navajo Birthworkers Collective



Inaugural Meeting Overview

- 54 registrations
- 43 attendees
- ~60% AI/AN
- 10 evaluations

7 of 22 AZ Tribes Represented:

- Dine/Navajo (13)
- Colorado River (1)
- Ft Yuma Quechan (1)
- Gila River (1)
- Hopi (1)
- Pascua Yaqui (1)
- Tohono O'odham (3)
- Other non-AZ Tribes (4)

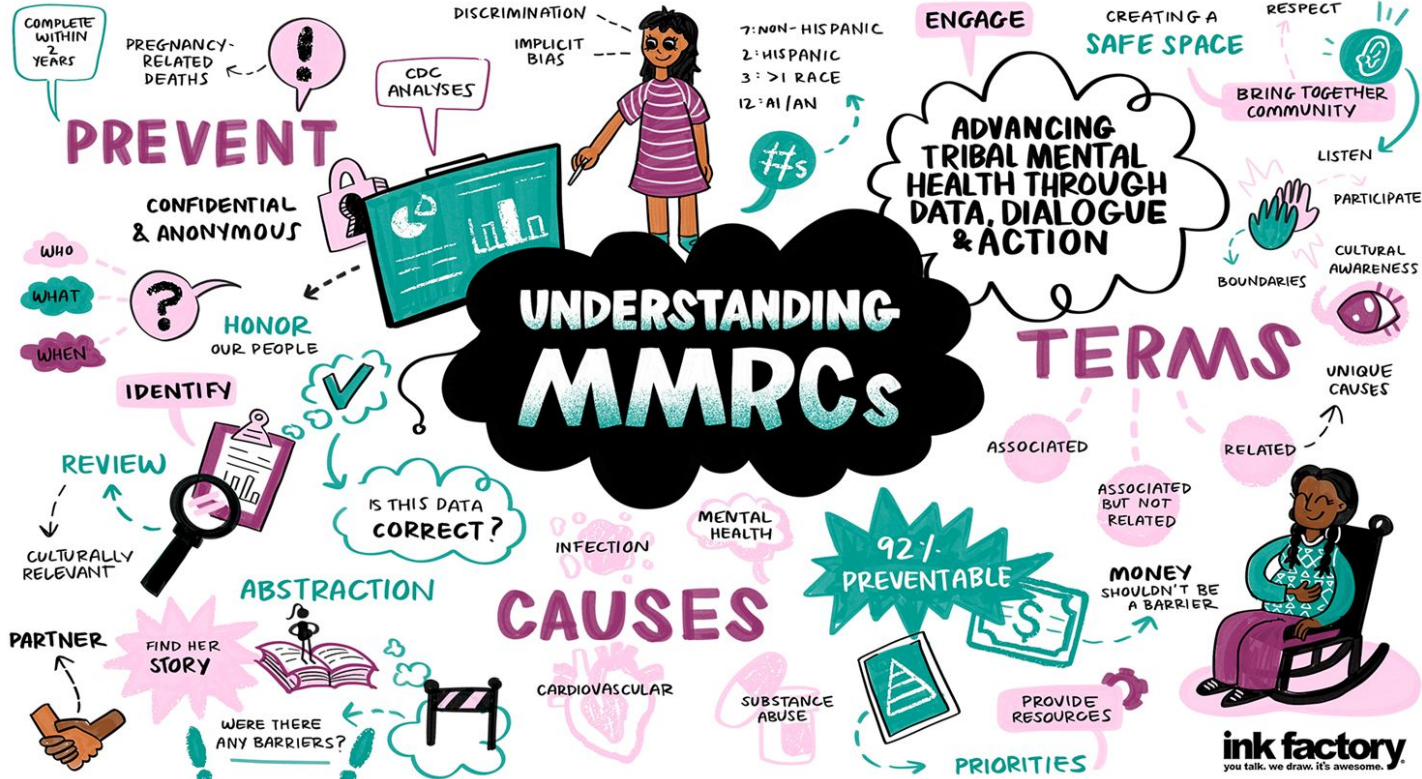


Please rate your experience with today's gathering

Excellent	6
Good	3
Fair	1
Poor	0



Understanding MMRCs: Advancing Tribal Maternal Health Through Data Dialogue and Action



Review Process: Arizona's Approach to AI/AN Case Reviews



Panel: Honoring Indigenous Wisdom in AI/AN Case Reviews



Small Groups: Shaping a Tribal-Centered MMRC Process

1. What does a respectful, effective, and culturally relevant Tribal-centered review of maternal deaths look like?

2. What types of information are important to include in a Tribal-centered review, and how can they be collected in ways that honor and uphold tribal data sovereignty?

3. What are the best strategies to engage Tribes meaningfully and build long-term partnerships in the review process?

4. What are some key considerations and steps to move forward to establish Tribally-led MMRCs?



Small Group Activity: Key Takeaways (Q1-3)

1. Hold in-person meetings that integrate cultural and ceremonial practices
2. Use storytelling to support holistic and context-rich case reviews
3. Uphold Tribal data sovereignty and ensure meaningful Tribal representation
4. Build trust through transparency and long-term relationships
5. Ensure broad, intergenerational, multidisciplinary participation



Small Group Activity: Key Takeaways (Q4)

1. Sustainable funding, workforce capacity & infrastructure
2. Indigenous-led processes, cultural protocols & sovereignty
3. Broad community representation and intergenerational inclusion
4. Meeting structure, regional model & accessibility



MMRC Bylaws and AI/AN Subcommittee Relationship Agreement

Section 5.4 American Indian/Alaska Native (AI/AN) Subcommittee

Until Tribally-led MMRCs choose to conduct independent case reviews, the Arizona MMRC will convene an AI/AN Subcommittee to conduct a holistic review of all American Indian and Alaska Native persons identified for review. AI/AN Subcommittee members are required to sign a Relationship Agreement ([Appendix D](#)).

AI/AN SUBCOMMITTEE RELATIONSHIP AGREEMENT

This Relationship Agreement sets the terms and understanding between members of the MMRC's American Indian and Alaska Native (AI/AN) Subcommittee (both Indigenous and non-Indigenous) and the Arizona Department of Health Services (ADHS).

Relationship Agreement: Foundational Principles

Community-Centered Accountability: We center Indigenous definitions of family and community health and wellbeing by listening to and learning from communities most impacted by maternal loss. We are accountable to those communities, not just in our review processes, but in how we shape and communicate our findings and recommendations.

Tribal Sovereignty & Shared Leadership: We recognize and respect the sovereign authority of Tribal Nations over their healthcare systems, knowledge, and data. We support tribally-led approaches to interpreting and sharing findings, and ensure that our recommendations do not override or assume tribal authority. We uphold shared decision-making grounded in traditional governance.

Cultural Safety & Traditional Knowledge: We commit to maintaining meeting spaces free from racism, discrimination, and stigma. We respect and uplift Indigenous knowledge systems as critical sources of insight when analyzing contributing factors and identifying prevention opportunities.

Historical Insight & Systems Focus: While acknowledging the historical context of the Tribes in Arizona, our reviews and recommendations aim to identify systemic contributors to maternal death and support the development of culturally responsive approaches that optimize maternal health.

Relationship Agreement: Foundational Principles

Vision for Thriving Families and Communities: Our work is guided by a vision that goes beyond the prevention of maternal deaths. We aim to support the conditions for Indigenous families and communities to thrive — physically, emotionally, culturally, and spiritually. In partnership with Tribal Nations, we seek pathways to optimal health and generational wellbeing.

Collective Responsibility & Mutual Respect: We come together from various backgrounds—Indigenous and non-Indigenous, clinical and non-clinical—with a shared responsibility to carry out this work with integrity, humility, and mutual respect. We acknowledge the emotional and community impact of each case and commit to holding space with care.

Solutions-Oriented Dialogue: We engage in conversations grounded in possibility, collaboration, and respect. While recognizing systemic challenges, we focus on identifying solutions, offering alternatives, and supporting change. We avoid critique without purpose and hold each other accountable to productive dialogue.

Reflective Practice & Transparent Process: We engage in ongoing reflection, learning, and process improvement. We strive for transparency in how we review, decide, recommend, and disseminate information.

AI/AN Subcommittee Workgroups

- Policy and Procedures
- Informant Interview Guidance
- Case Narrative Guidance
- In-Person Meeting Logistics
- MMRIA form
- Others not listed



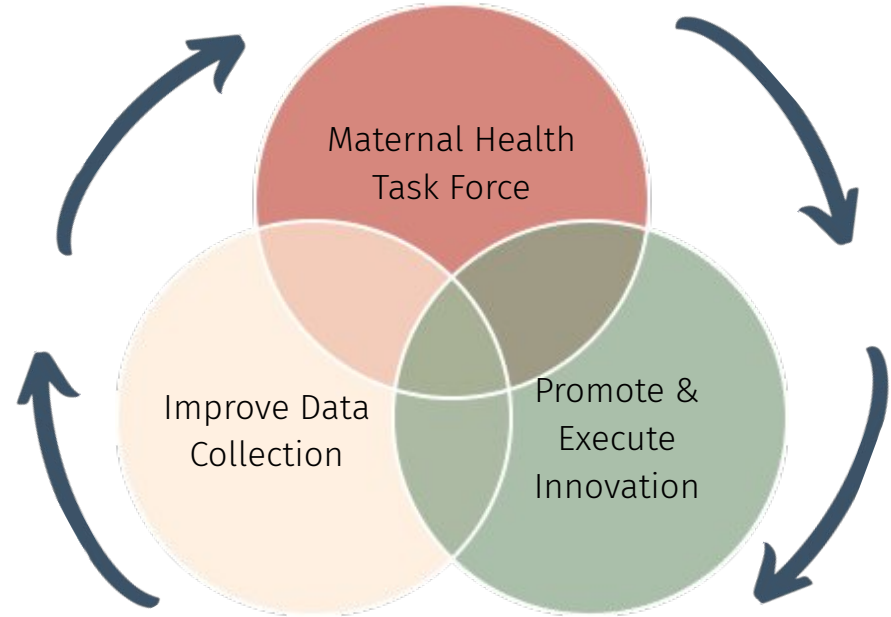
Maternal Health Innovation Program

Optimal health and pregnancy outcomes for women in
Arizona

Lynn Lane, Tribal Program Manager



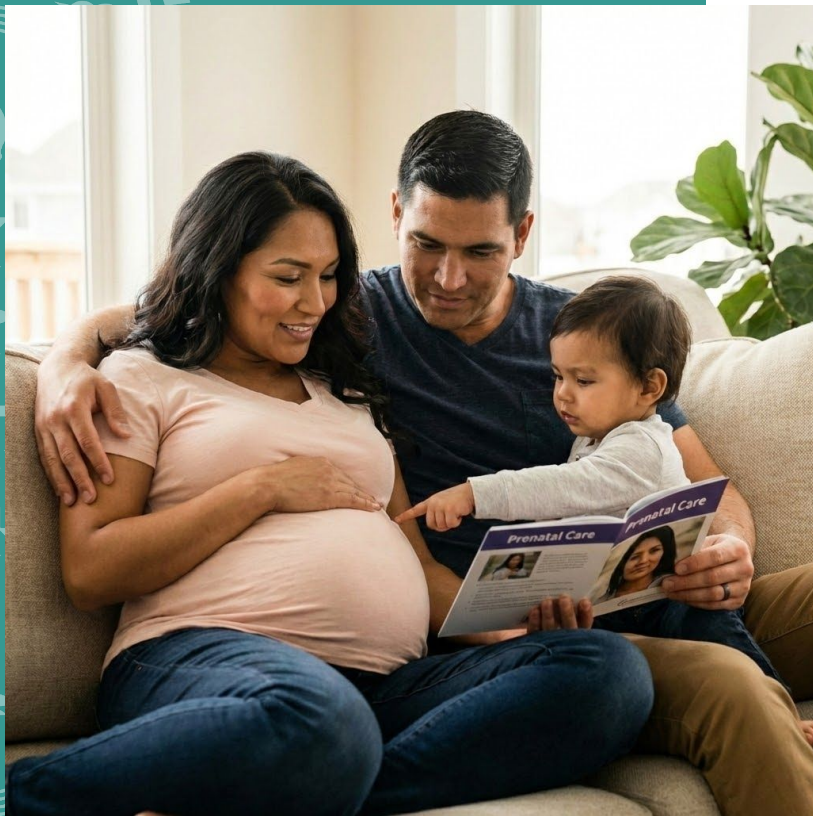
Arizona Maternal Health Innovation Program



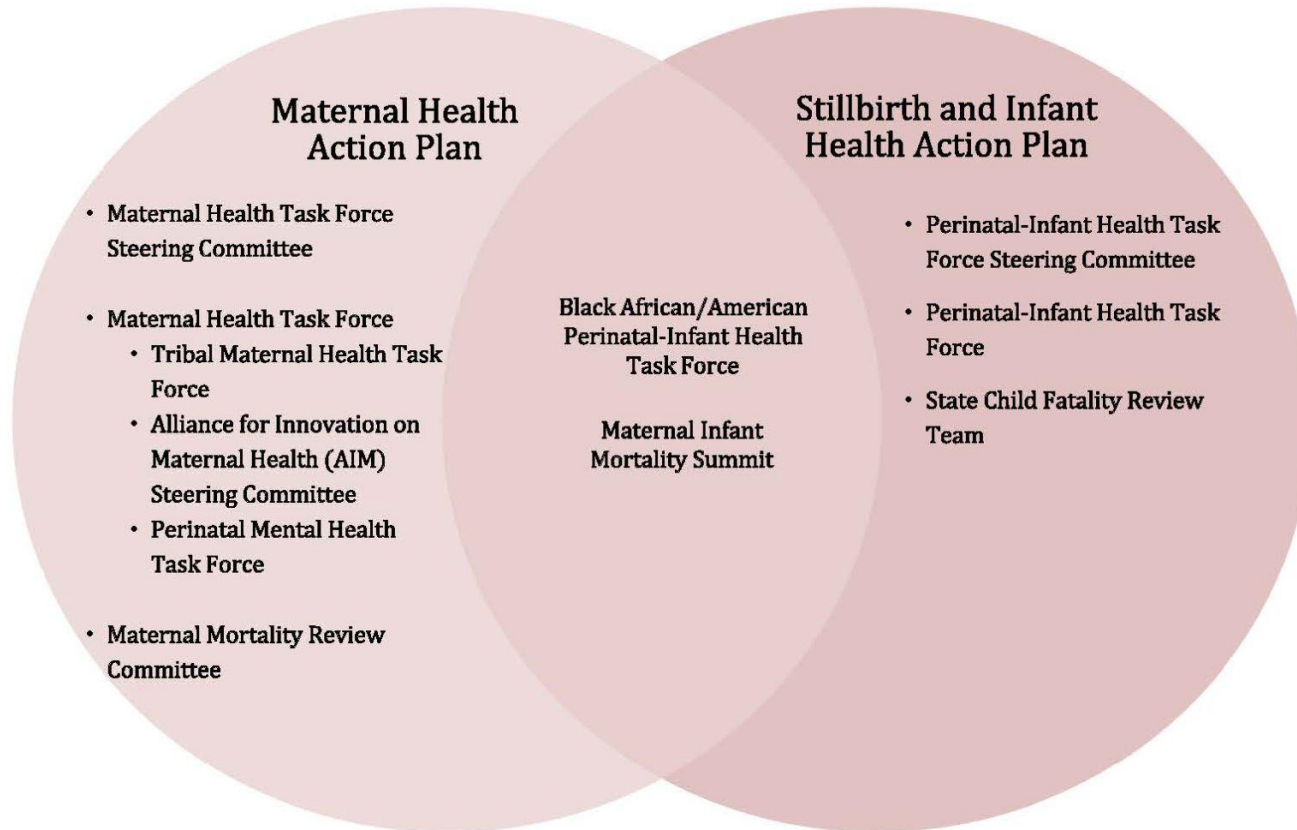
Maternal Health Action Plan

Goals/Priority Areas

1. Increase **Awareness** and Knowledge of Maternal Health and Well-Being
2. Improve **Access** to Quality Care
3. Support **Workforce** & Workforce Capacity
4. Improve, Collection, Analysis, and Application of Maternal Health **Data**
5. Support **System** of Care
6. Foster Respectful Community **Collaborations**



ADHS Maternal-Infant Statewide Infrastructure*



**This diagram is intended to display the relationship between maternal health and stillbirth and infant health statewide action plans and task forces managed by the Arizona Department of Health Services. Each task force/group is widely represented by ADHS internal bureaus and an array of external stakeholders/partners. This information is subject to change to reflect any updates.*

Maternal Health Task Force



Tribal Maternal Health Task Force

Priority Areas

A gap area was also identified in 2022. In addition to these four priorities a fifth area was AI/AN in Urban Arizona



Improve **Access** to & Early Participation in Prenatal Care



Increase Patient and Provider **Awareness** of Chronic Disease and Associated Perinatal Risks



Improve **Access** to Behavioral Health Resources, Substance Use Treatment, Breastfeeding Support and Oral Health



Build Capacity among Tribal Leaders and Non-Tribal Public Health work to **Improve AI/AN Surveillance** data with Tribes, IHS, State Registries, and Tribal Epidemiology Centers



Tribal Partnerships: ITCA & Diné College



Shared Purpose:

- Improve maternal health outcomes in Tribal communities
- Reduce maternal mortality & severe maternal morbidity

Approach:

- Strategic plans developed by community, for community
- Tribal-led implementation
- Coordination with MHIP & Task Force

What This Looks Like in Practice:

- Podcast & radio outreach
- Webinars series for providers & families
- Steering Committees (community- guided)

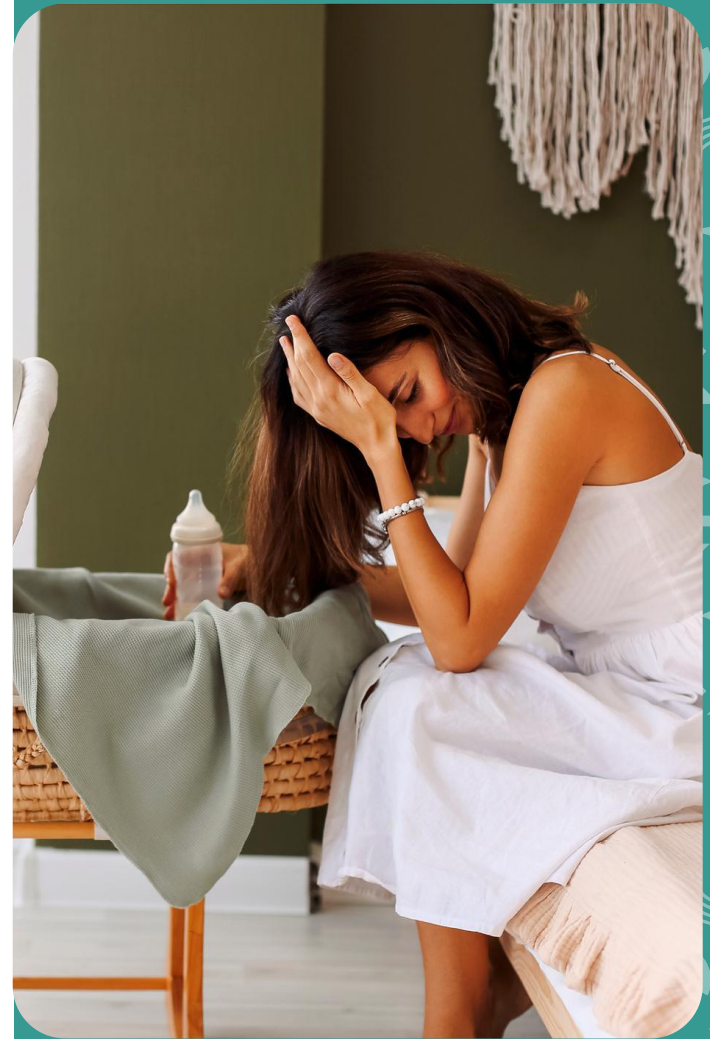
Perinatal Mental Health: System-Level Impact

Systems Improvements:

- Medicaid integration (AHCCCS identifying certified providers)

Clinical & Workforce Support

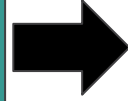
- AIM Safety Bundles
- APAL Consultation Line
- Workforce expansion (1,170+ PSI scholarships)



Some Tribal Maternal Health Implementation Activities



Maternal Mortality Review Committee identifies contributing factors and recommends solutions



Maternal Health Innovation Program activates and **supports implementation**



Community leaders **drive action** to improve maternal health outcomes



Facility Protocols -

Alliance for Innovation on Maternal Health Patient Safety Bundles

MMRC: All Arizona hospitals with obstetrical services should participate in Arizona's state-wide implementation of the Alliance for Innovation on Maternal Health (AIM) patient safety bundles. (Published: 2020)

MHIP: Between Spring 2021 and today, all four labor and delivery facilities on Tribal lands have adopted the Severe Hypertension in Pregnancy, Obstetric Hemorrhage, and Perinatal Mental Health & Substance Use Disorders bundles.

Impact: Improved readiness, recognition, and response to obstetric emergencies in Tribal facilities.



Workforce Expansion - Indigenous Doula Training Program

MMRC: Expand and diversify Arizona's maternal health workforce, including doulas, especially those serving Maternity Care Deserts.

(Published: 2020)

MHIP: Since Spring 2021, the Indigenous Doula Training Program has graduated over 150 people. Graduates have helped advance doula accreditation and AHCCCS reimbursement pathways, with ongoing efforts to strengthen Indigenous birth work.

Impact: *Broader access to culturally congruent birth support.*



Community Awareness - Hear Her Campaign

MMRC: In accordance with the CDC's Hear Her Campaign, promote education about how to support women across all perinatal periods particularly to identify warning signs. (Published: 2022)

MHIP: Since late 2021, the CDC's Hear Her Campaign through the Indigenous-lens continues to raise awareness in AI/AN communities.

Impact: Greater recognition, advocacy, and response to early warning signs among AI/AN pregnant and postpartum individuals.



Community Education - Maternal & Family Wellness from an Indigenous Perspective Training Series

MMRC: Increase patient and family education on prenatal care, screenings, risks, warning signs, response, and available resources.

(Published: 2024)

MHIP: Since Spring 2021, the Maternal and Family Wellness From an Indigenous Perspective Training Series has been provided to over 3000 people in over 120 in-person and virtual sessions. This training includes community centered approaches to Indigenous maternal health and traditional birth education such as “It Takes a Village,” the two trainings detailed below, and many more topics.

Impact: Expanded access to Indigenous-centered birth education and wellness approaches.

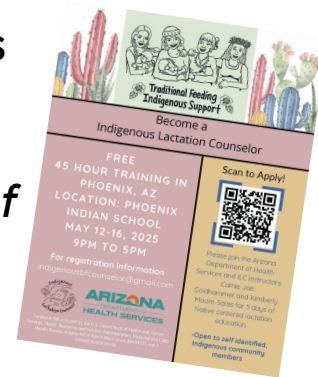


Postpartum Support - Indigenous Breastfeeding Counselor Course

MMRC: Increase access to community-based services for postpartum individuals. (Published: 2024)

MHIP: Since Spring 2021, the Indigenous Breastfeeding Counselor Course has graduated over 100 people, with at least 6 earning International Board Certified Lactation Consultant (IBCLC) credentials—placing Arizona as a national leader in Indigenous IBCLCs.

Impact: *Arizona is currently leading the nation in the number of Indigenous IBCLCs.*



Peer Support - 4th Trimester Arizona Indigenous Parents Support Village

MMRC: Establish community models of peer support across the perinatal period. (Published: 2020)

MHIP: Since late 2022, the 4th Trimester Indigenous Support Village has connected over 294 parents with peer support.

Impact: Strengthened postpartum support networks among Indigenous parents.



Closing

Resources

- AI/AN Maternal Health Data to Action Brief
- Tribal Maternal Health Task Force Engagemnt Toolkit
- ITCA TEC - Maternal & Child Health Working Group





ARIZONA

Thank you