



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM



ALASKA NATIVE  
MEDICAL CENTER



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Leadership in Action - Summer 2 Final Deliverable

## Reproductive Health Care Delivery in an Alaska Tribal Health Setting

This summer, I traveled to Alaska to learn from and care for patients within the largest and most comprehensive tribally-managed health system in the country. The Alaska Native Tribal Health Consortium (ANTHC)'s services include comprehensive medical services at the [Alaska Native Medical Center](#) (ANMC), a high-acuity, tribally managed referral hospital on Dena'ina land in Anchorage, Alaska. ANTHC is both owned and governed by Alaska Natives through a federal policy known as [tribal compacting](#), which creates a network of accountability for providers to practice how they best see fit without having to answer to anyone—insurance companies or any other external bureaucracies—but their own community.

I joined ANMC as a student nurse intern in Family Birthing Services (FBS), a high-risk tertiary referral Labor & Delivery unit. Building on my clinical education during the academic year, I gained hands-on experience delivering direct patient care, supporting both physiologic and cesarean births under the guidance of a precepting RN. I performed comprehensive maternal and fetal assessments, interpreted electronic fetal monitoring tracings, and developed the ability to recognize subtle changes in clinical presentation that may indicate potential complications. Responding to obstetric emergencies reinforced the importance of clear, calm communication



and seamless collaboration within a cohesive care team. Simultaneously, I provided patient- and family-centered education, ensuring care was safe, culturally responsive, and trauma-informed throughout the birth experience. Throughout my experience, I grew more confident in anticipating patient needs and guiding families through labor with calm, attentive support.



I cared for patients from all over Alaska—all the way from the tip of the Aleutian islands to the northernmost town in the United States. Since we were the only facility in the state with the resources to handle severe complications, the vast majority of high-risk, medically complex pregnant patients were sent to ANMC. Many traveled from remote villages, including some flown in to Anchorage a month before their

due date to live in on campus patient housing, while others were medevac'd on a helicopter at the start of their labor.

On my few days outside the hospital, I found grounding in the cultural and natural beauty of Alaska. I visited the Anchorage Museum, Alaska Sealife Center, and Alaska Native Heritage Center. I spent plenty of time in nature, including hiking Flattop Mountain, Kincaid Sand Dunes, Exit Glacier, Chugach State Park, and the historic Iditarod Trail. I also went on two weekend trips: one to the Kenai River where I saw the uniquely Alaskan feat of [dipnetting](#) and another to beautiful Homer in the Kachemak Bay!

One of the many things I loved about ANTHC is that it so gracefully modeled a community-led and designed model of care. On my first day, I was greeted with lettering on the front of the human resources building that proudly proclaimed ANTHC's vision: *Alaska Native people are the healthiest people in the world.* And despite serving some of the most medically complex pregnancies in Alaska—often compounded by geographic isolation, health inequities, and social complexity—they maintain some of the best maternal health outcomes in the state and nation. ANMC's cesarean rate is only 11 percent—remarkably lower than Anchorage's other two hospitals, where rates mirror national trends: 33% (Providence



Alaska Medical Center) and 40% (Alaska Regional Hospital). This success is not incidental; it is the product of a model that blends clinical excellence with culturally responsive care.

In accordance with Alaska Native governance, care at ANTHC is rooted in the idea that patients are not clients but rather “customer-owners” of their healthcare. Many patients and family members shared that they felt more comfortable with and confident in receiving care through ANTHC than other organizations, in part because care is embedded within a framework where cultural celebration is part of healing. Alaska Native artwork is displayed throughout the hospital. Most weekday evenings, the hospital rotunda hosts a customer-owner-led [yuraq](#) abundant with dance, drumming, and joy. The hospital cafeteria serves reindeer soup and caribou meat. Culturally matched support from Native doulas is available through the [Alaska Native Birthworkers Community](#).

What is particularly distinctive at ANMC is the integration of a midwifery-led model of evidence-based care within a high-acuity obstetric setting. Intermittent fetal monitoring when clinically appropriate, wireless and waterproof monitors to promote mobility, and feeding patients during labor were some of the first things that stood out to me. Neonatal care is unhurried yet attentive: when possible, umbilical cord clamping is delayed and initial newborn assessments are conducted skin-to-skin with the mother during the golden hour. These patient-centered approaches—more so associated with low-risk birth settings and rare in many US hospitals—are uniquely sustained even in the context of caring for a population with a high prevalence of medically complex pregnancies. In doing so, ANMC FBS demonstrates that evidence-based, culturally responsive care can coexist with tertiary-level perinatal services, challenging the notion that high-risk care must necessarily be highly interventionist.

ANTHC demonstrates that improving maternal health outcomes requires more than technical skill—it requires systems designed around trust, equity, and cultural humility. And so is my most fervent commitment: may we continue to offer our patients radical care, fierce love, and the simple but sincere promise that they are not alone.

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