

RESOLUTION OF THE GOVERNING BODY  
OF THE THREE AFFILIATED TRIBES OF THE  
FORT BERTHOLD RESERVATION

- WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934, and the authority under said Act; and
- WHEREAS, The Constitution of the Three Affiliated Tribes generally authorizes and empowers the Tribal Business Council to engage in activities on behalf of and in the interest of the welfare and benefit of the Tribes and of the enrolled members thereof; and benefit of the Tribes and of the enrolled members thereof; and
- WHEREAS, The Three Affiliated Tribes Circle of Life Alcohol/Drug Program is concerned with a pattern of birth defect and developmental disabilities caused by fetal alcohol exposure during pregnancy.
- WHEREAS, Recent information suggest that a variety of factors influence whether or not a baby is likely to be affected by exposure to alcohol while in the mother's womb. These include; (1) the month prenatal care began, (2) the total number of prenatal visits, (3) whether or not the mother or those around her smoked, (4) the mother's age during the pregnancy, (5) her diet, (6) whether or not she binge drank during the pregnancy, and (7) the total amount of alcohol (ethanol) the mother drank during pregnancy, thereby exposing her baby to the alcohol.
- WHEREAS, The Fort Berthold reservation has approximately 120 births per year. The project proposes that each woman seen for prenatal care would be asked to participate and would be asked to sign a consent form. Each woman coming in for pregnancy care would be listed on a registry in numerical order, and each would be assigned to one of the two groups. Both groups would be given the current standard of prenatal care with no change in their program. Women in the group would be provided enhanced programming.
- WHEREAS, The two groups will be assessed for the reason of finding out if the enhanced care given to the one group is more effective than the current level of care being given to each pregnant woman.

**Proposal to Conduct a Program to Improve the Health  
of Pregnant Women and Their Babies  
for the Fort Berthold Three Affiliated Tribes**

In North Dakota, rates of birth defects, developmental disabilities, and Sudden Infant Death Syndrome are significantly increased in some parts of the population. This appears to be due to a variety of factors including (1) poverty, (2) increased levels of substance abuse, and (3) lack of access to culturally appropriate health care services. One of the developmental disabilities that has been reported to occur at increased rates in North Dakota is Fetal Alcohol Syndrome. This is a pattern of birth defects and developmental disabilities caused by fetal alcohol exposure during pregnancy. However, recent information suggests that a variety of factors influence whether or not a baby is likely to be affected by exposure to alcohol while in the mother's womb; these include: (1) the month prenatal care began, (2) the total number of prenatal visits, (3) whether or not the mother or those around her smoked, (4) the mother's age during the pregnancy, (5) her diet, (6) whether or not she binge drank during the pregnancy, and (7) the total amount of alcohol (ethanol) the mother drank during pregnancy, thereby exposing her baby to the alcohol.

The purpose of this proposal is to increase the chance that a baby will be born healthy by helping the mother to reduce some of the above-listed risks during her pregnancy and afterwards until the child is one year old.

Although it is extremely important to reduce and hopefully eliminate a woman's alcohol use before and during her pregnancy, just concentrating on this factor alone has not been as useful as once thought. This program would tailor care to each expectant mother individually, with

emphasis on it being culturally appropriate and address as many of the factors listed above as possible.

#### How the Project Would Work

The Fort Berthold reservation has approximately 120 births per year. The majority of these women are seen for prenatal care by Minne-Tohe Health Center physicians in New Town, and/or in segment clinics at Mandaree, Twin Buttes, Parshall, and White Shield, as well as by contract in Minot. The project proposes that each woman seen for prenatal care would be asked to participate, and those who agreed to participate would be asked to sign a consent form. When the project is begun, each woman coming in for pregnancy care would be listed on a registry in numerical order, and each would be assigned to one of two groups. Both groups would be given the current standard of prenatal care with no change in their current program. Women in one group would be provided enhanced programming, to be described later. The reason for the two groups is to find out if the enhanced care given to the one group is more effective than the current level of care being given to each pregnant woman.

A designated person (DP) would complete a maternal risk scoring inventory for each woman who consents to participate in the program. This inventory score would be provided to the project anonymously, by registry number only. At each visit parts of the maternal risk inventory would be updated for women in both groups. Information on labor, delivery, birth weight, Apgar scores, total hospitalization time, and results of an evaluation and visit when the baby is one year of age would be obtained and included in this project.

#### Enhanced Care

Those women assigned to the enhanced prenatal care group would be provided with an intensive risk reduction program. This would be based on risk factors identified on the maternal

risk assessment tool, which would be completed by both the DP and the visiting project staff. The DP would tailor an individual, culturally appropriate risk reduction program for each woman in the enhanced prenatal care program group which would be updated once every two weeks at a conference between the home visitor and the DP. The home visitor would visit the woman once every other week for approximately 50 minutes each time. During that time each risk factor would be reassessed and specific plans put in place to reduce these risk factors. Examples include (1) smoking reduction programs, and (2) programs to provide any recommended changes in diet, exercise, alcohol use, or other prominent risk factors. In this project, considerable attention would be given to women who have had children with previous birth defects, developmental disabilities, especially Fetal Alcohol Syndrome, or previous child deaths. Careful plans would be crafted to minimize the potential for recurrence of these problems.

As the home visitor completes each visit, a descriptive journal would be kept on the results of the home visits, the impressions of the home visitor, and any other information that might be relevant to updating the treatment program at subsequent visits with the DP. These visits would be continued throughout the pregnancy, until such time as the pregnant women are referred out (usually during the last month of pregnancy to Minot UniMed or Trinity, to Williston, or to Bismarck).

Copies of labor and delivery records would be included in the project record. The program would end for the woman and her child at their one-year well child visit at which time demographic information on the child's height, weight, head circumference, and the results of a Denver Developmental Screening Test would be collected.

#### How the Enhanced Program Would Work

This program would be considered a supplement to the currently existing services

provided by Indian Health Services, Healthy Start, Circle of Life, and the patient's current physician. The program would be contracted to the Circle of Life.

#### Project Supervision

The information collected for this program would be done anonymously; it would be reported on a monthly basis to the North Dakota Fetal Alcohol Syndrome Center. The information would be analyzed every six months, comparing the two groups. Specific comparisons would be based on the maternal risk assessment obtained at each prenatal visit for women in the enhanced treatment program and women not in the enhanced program, on outcomes of pregnancy, birth weight, Apgar scores, other labor and delivery information, and on information obtained on the growth and development of the child at one-year of age. The project would enroll women for approximately 15 months with a goal of enrolling 130 women by completion of the program.

At the completion of each six-month stage of data analysis, a report will be prepared and distributed to the physician(s), the visiting home visitor, the DP, and to Larry Burd, Ph.D., Director of the North Dakota Fetal Alcohol Syndrome Center. If, as the project continues, the information gathered shows a clear and significant change in occurrence of risk factors for the two groups and a change in birth outcomes for infants, this information will be made available to the Circle of Life, the DP, the Three Affiliated Tribes, and the Indian Health Service, for them to use in the completion of funding applications through which this service may be made available to all pregnant women. The FAS Center will not be able to fund an expansion of the program. However, at the end of this project the FAS Center, the DP, the Circle of Life personnel, the physician(s), and other interested parties could discuss options for further activities. This would be in large part decided by (1) completeness of the data, (2) rates of enrollment and participation

through the conclusion of the project, (3) the effectiveness of the project, (4) desire by the parties involved and the Three Affiliated Tribes to continue with this or similar projects, and where possible, (5) an interest on the part of the physician(s) in continuing.

If enrollment of at least two-thirds of the anticipated numbers is not achievable, or drop-out rates exceed 20%, meetings will be held to determine how the project could be improved or to decide if the project should be discontinued.

*We need to add onto this whatever feedback/  
statistical reports you will get from us at  
the end of the 2-year project so everyone  
knows what to expect.*

*We will add on a budget as well.*

# THREE AFFILIATED TRIBES TRIBAL BUSINESS COUNCIL AGENDA ITEM REQUEST

DATE OF MEETING: May 8, 2001

AGENDA ITEM(s):

1. Circle of Life = FFS FAE Program - UND  
Cheryle J. Fox, Dr. Larry Burd, UND &
2. Ellen O'Connor UND. ~~RESO~~  
- Resolution
3. \_\_\_\_\_
4. requested by Cheryle J Fox, Circle of Life

APPROVED BY COMMITTEE: \_\_\_\_\_  
SUBMITTED BY: Cheryle J Fox  
RECEIVED BY SECRETARY'S OFFICE: \_\_\_\_\_

DATE: \_\_\_\_\_  
DATE/TIME 4-25-01 4:15 PM  
DATE/TIME: \_\_\_\_\_

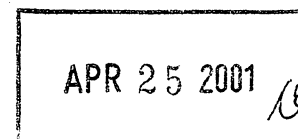
**NOTE: All agenda items and/ or requests are required to be in writing or they will not be placed on the agenda: (1 original and 8 copies) three days prior to the scheduled meeting. This process will allow me time to prepare packets and the agenda for distribution in a timely manner.**

**We are located in the "old Property and Supply Office," and have the same telephone Number. A Fax Machine has been purchased for the Department so you will be able to send your material directly soon.**

Thank you,

Jean Baker, Recording Secretary

RECEIVED



TAT  
SECRETARY'S OFFICE

WHEREAS, The length of the study will be throughout the pregnancy, until such time as the pregnant women are referred out. Copies of labor and delivery records would be included in the project record and will end on the one-year well child visit.

WHEREAS, The information collected for this program would be done anonymously; it would be reported on a monthly basis to the North Dakota Fetal Alcohol Syndrome Center, and will be analyzed every six months, comparing the two groups.

WHEREAS, At the completion of each six-month stage of data analysis, a report will be prepared and distributed to the physician(s), the visiting home visitor, the DP, and to Larry Burd, Ph.D., Director of the North Dakota Fetal Alcohol Syndrome Center. And will be made available to the Circle of Life, the Three Affiliated Tribes, and the Indian Health Service.

NOW, THEREFORE, BE IT RESOLVED that that Four State FAS Consortium and the Circle of Life Alcohol/Drug Program will conduct this project to improve the Health of Pregnant Women and Their Babies on the Fort Berthold Reservation. With funding from the Four State FAS Consortium.

CERTIFICATION

I, The undersigned, as secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 7 members of whom 5 constitutes a quorum, 6 represent at Regular meeting thereof duly called, noticed, convened, held on the 29th day of May, 2001, that the foregoing Resolution was duly adopted at such meeting by the affirmative vote of 6 members, 0 members opposed, 0 members abstained, 1 member not voting, and that said Resolution has not been rescinded or amended in any way.

Dated the 29 day of May, 2001

[Signature]  
Secretary, Tribal Business Council

ATTEST:

[Signature]  
Chairman, Tribal Business Council