

Maternal Mortality in Nevada



Nevada uses **3 measures of maternal mortality** commonly examined in the U.S.

Pregnancy-Associated Death (PAD)

The death of a person while pregnant or within one year of the end of pregnancy, regardless of the cause.

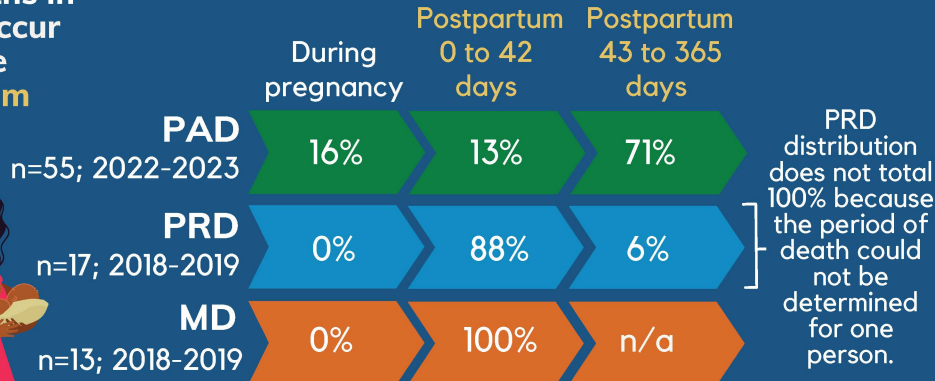
Pregnancy-Related Death (PRD)

The death of a person while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by the pregnancy.

Maternal Death (MD)

The death of a person while pregnant or within 42 days of the end of pregnancy from any cause related to or aggravated by the pregnancy.

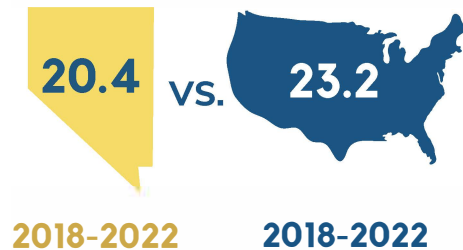
Most deaths in Nevada occur during the **postpartum period**.



Source: Nevada Department of Health and Human Services, 2022-2023

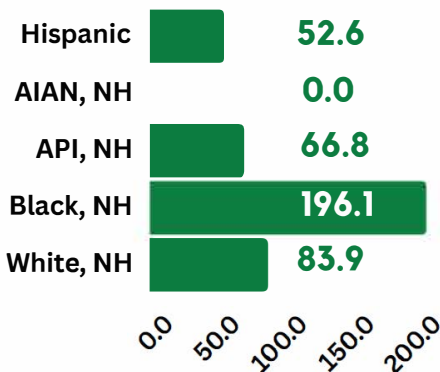
How is Nevada doing?

(MDs per 100,000 live births)



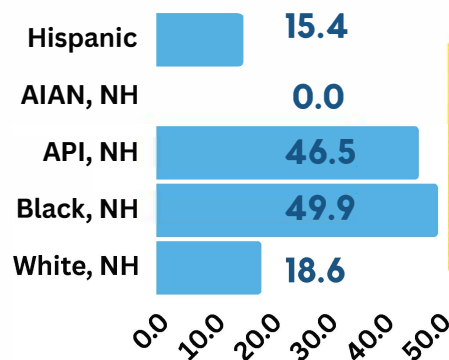
Racial/Ethnic and Geographic Disparities Exist in Nevada

PAD ratios per 100,000 live births by race/ethnicity, Nevada 2022-2023



Black, NH people
3.7x
higher PAD than
Hispanic people

PRD ratios per 100,000 live births by race/ethnicity, Nevada 2018-2019



Black, NH people
3.2x
higher PRD than
Hispanic people

Abbreviations: AIAN=American Indian/Alaska Native; API=Asian Pacific Islander; NH=non-Hispanic

Clark County
1.4x
higher PAD ratio
than Washoe County

86.8 vs **62.3**

Clark County
3.2x
higher PRD ratio than
Washoe County

30.2 vs **9.5**

Scan the QR Code to access the full report or visit:

https://dpbh.nv.gov/Programs/MMRC/Nevada_Maternal_Mortality_Review_Committee/



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Maternal Mortality in Nevada



Top Three Leading Causes of Death

Pregnancy-Associated Deaths Nevada, 2022-2023

Associated with
86% of drug
overdoses



Non-transport accidents 23.6%



Pregnancy, childbirth and the puerperium 21.8%



Diseases of the heart 10.9%

Leading causes for Black, non-Hispanic people were diseases of the heart and non-transport accidents.

The leading cause in Clark County was pregnancy, childbirth, and the puerperium.

Pregnancy-Related Deaths Nevada, 2018-2019



Hemorrhage 29.4%



Infection 17.6%



Other non-cardiovascular conditions 17.6%

The leading cause for Black, non-Hispanic people was hemorrhage.

Leading causes in Clark County were hemorrhage and other non-cardiovascular conditions.

Existing Programs and Initiatives



8 out of 10 PRDs are preventable in the United States

- In 2020, Nevada established a **Maternal Mortality Review Committee**
- In 2021, Nevada began the Alliance for Innovation on Maternal Health (**AIM**) **Severe Hypertension Bundle**
- In 2022, Nevada made recommendations to **enhance state services**, including:



Clinical



Medicaid



Mental Health



Law Enforcement

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Selected 2024 Nevada Maternal Mortality Review Committee Recommendations

Systems Level



Provide mental health supports

Screen and address Adverse Childhood Events (ACEs) in schools; develop campaign for substance use reduction in pregnancy; encourage mental health screening in OB offices during pregnancy.



Improve access to resources

Such as trauma-informed therapy, transport to healthcare for Medicaid recipients, and Narcan. Also, coordinate mental health services, increase awareness of in-network providers, and invest in low-income housing supports.



Improve the quality of services

Realign payment models to incentivize value over volume; clinicians engage in direct care coordination & call behavioral health for understanding patient apprehension; start a Perinatal Quality Collaborative.

Community Level



Provide mental health supports

Mandate priority access to mental health and substance use treatment for pregnant people; offer free medication-assisted substance use treatment to reduce kratom use for self-treatment of opioid use disorder.



Educate and train

Educate on signs and symptoms of a cardiac event and when to access the healthcare system; develop community campaigns to address the experience of people of color in health care systems.

Provider Level



Improve the quality of services

Counsel obese patients about weight management, risks of morbid obesity, and treatment modalities; use evidence-based methods in pain management; providers take implicit bias and cultural competency training.



Improve access to resources

Communicate with patients in their native language; use language lines unless patient refuses (document if they refuse) as the family may provide an inaccurate translation.

For the complete list of recommendations, click this QR code:



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