# 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.

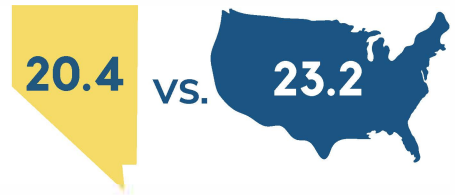
| | During pregnancy | Postpartum 0 to 42 days | Postpartum 43 to 365 days |
|---|---|---|---|
| PAD n=55; 2022-2023 | 16% | 13% | 71% |
| PRD n=17; 2018-2019 | 0% | 88% | 6% |
| MD n=13; 2018-2019 | 0% | 100% | n/a |

PRD distribution does not total 100% because the period of death could not be determined for one person.

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

### How is Nevada doing?

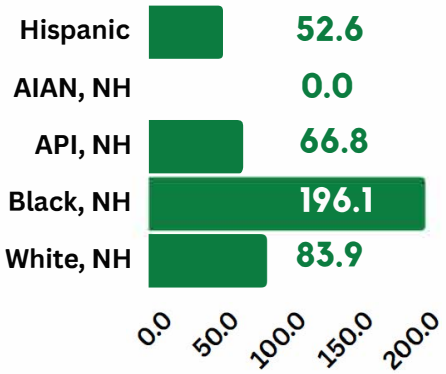
(MDs per 100,000 live births)




2018-2022 2018-2022

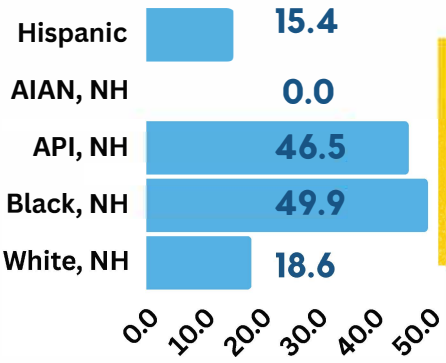
## Racial/Ethnic and Geographic Disparities Exist in Nevada

### 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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## 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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# Maternal Mortality in Nevada

## 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:**

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