

# 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.

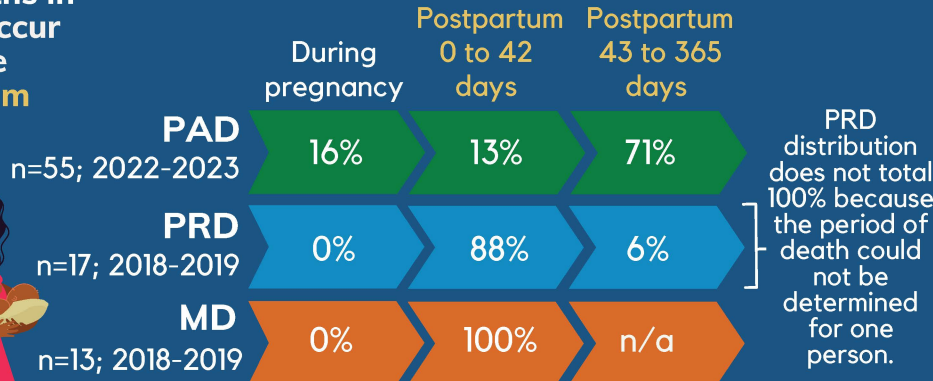
## Pregnancy-Related Death (PRD)

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.

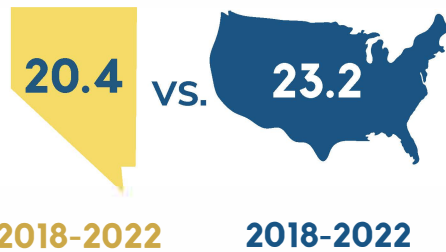
Most deaths in Nevada occur during the **postpartum period**.



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

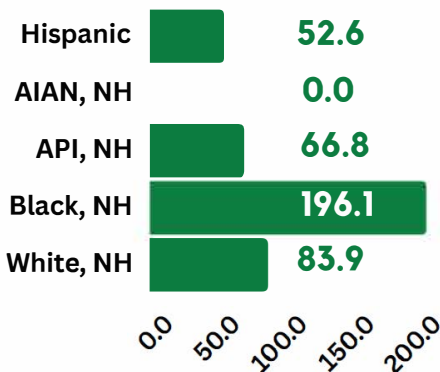
## How is Nevada doing?

(MDs per 100,000 live births)



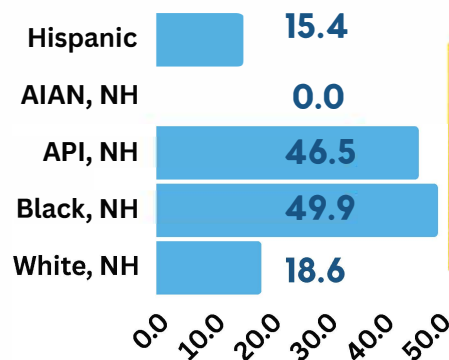
## Racial/Ethnic and Geographic Disparities Exist in Nevada

### 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/](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:**



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