Maternal Mortality Review Committee Recommendations

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NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

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AGENDA

Maternal Mortality Review Committee (MMRC) and Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee Recommendations for the 2026 Maternal Mortality Report

- *Draft* 2026 Maternal Mortality Report Discussion
- Summary of MMRC *Draft* Recommendations
- Solicitation of NOMHE Advisory Committee recommendations

Maternal Mortality Review Committee Overview

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Maternal Mortality Review Committees (MMRCs) review deaths within one year of pregnancy to drive recommendations and actions to **eliminate preventable maternal mortality and address disparities**.

- MMRCs address the question on a case-by-case basis, “If she had not been pregnant, would she have died?”
- Per the Centers for Disease Control and Prevention (CDC), **over 80% of pregnancy-related deaths are preventable**
  - **https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html**
- The Nevada MMRC reviews all incidences of maternal mortality in Nevada, regardless of the cause of death.

Definitions Associated with Maternal Mortality

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Pregnancy-Associated Death (PAD) is the death of a person while pregnant or within one year of the termination of pregnancy, regardless of the cause. Pregnancy-associated death ratio is the number of pregnancy-associated deaths per 100,000 live births.

Pregnancy-Related Death (PRD) is the death of a person during pregnancy or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Pregnancy-related death ratio is the number of pregnancy-related deaths per 100,000 live births.

Maternal Death is the death of a person while pregnant or within 42 days of the termination of pregnancy, regardless of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

MMRC and NOMHE Advisory Committee Report

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From **NRS 442.767 "***1(f) On or before **December 31** of each even-numbered year and in collaboration with the **Advisory Committee of the Office of Minority Health and Equity of the Department** and the Chief Medical Officer, develop and submit to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a report that includes, without limitation:*

- *(1) A **description of the incidents of maternal mortality and severe maternal morbidity** reviewed pursuant to paragraph (a) and subparagraph (1) of paragraph (c), respectively, during the **immediately preceding 24 months**, provided in a manner that does not allow for the identification of any person;*
- *(2) A **summary of the disparities identified and reviewed** pursuant to subparagraph (2) of paragraph (c);*
- *(3) **Plans for corrective action** to reduce maternal mortality and severe maternal morbidity in this State; and*
- *(4) **Recommendations for any legislation or other changes to policy** to reduce maternal mortality and severe maternal morbidity or otherwise improve the delivery of health care in this State.*

*2. The **Advisory Committee of the Office of Minority Health and Equity** may not access any information deemed as confidential pursuant to NRS 442.774 while collaborating with the Committee in the development of the report pursuant to paragraph (f) of subsection 1."*

- Maternal Mortality Report in draft status
- NOMHE Advisory Committee will make recommendations at this meeting to be added to the report

Data and Equity Statement

- Demographic language may differ throughout this report depending on the sources from which data were retrieved.
- To report the data accurately, variables such as race, ethnicity and sex are described in the report as they were in the source data. T
- The terms female and woman are used descriptors as presented in source data, such as when referring to rates per 100,000 women of reproductive age.
- Data may be suppressed to protect confidentiality which may affect the reporting of small cell sizes and certain population groups, including American Indian/Alaska Native and Native Hawaiian/Pacific Islander populations where individual identification could be possible otherwise.
- Data suppression is noted throughout for clarity

Centers for Disease Control and Prevention (CDC) Reporting

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CDC-required MMRC reporting highlights:

- **Contributing factors**
- **Level** (*i.e.;* family, provider, system)
- **Prevention type** (primary, secondary, tertiary)
- **Size of impact** if implemented

EXAMPLE: Contributing factor – Referral, System level

Recommendation: Provide adequate drug treatment options. Educate providers on Nevada's substance use treatment options that already exist for pregnant persons and remove barriers to care.

Prevention type: Secondary
Expected impact: Extra large

2026 Maternal Mortality Report Recommendations: MMRC

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- MMRC members reviewed 34 maternal mortality cases from 6/13/2024-8/10/26 on cases from 2020-2021.
- The following MMRC recommendations have been grouped by topical theme and are in no specific order.
    - Please see meeting packet for the DRAFT report for the full list

2026 MMRC Recommendations

Lack of Access/Financial resources

1. The State of Nevada and Nevada Schools of Medicine should expand and strengthen the network of mental health providers, including offering incentives to recruit, educate, and retain mental health professionals.
2. Nevada Legislature should pass legislation allowing Nevada to enter into reciprocity agreements with other states to recognize out-of-state licenses for mental health professionals, particularly those with equivalent standards. This would reduce the time and costs associated with re-licensing and encourage qualified professionals to practice in Nevada.
3. Nevada State Medicaid should ensure access to appropriate mental health placement options that align with everyone's level of care needs.
4. The State and other relevant payers should ensure all residents have access to care which is recommended, including rehabilitation facilities, regardless of patient demographic characteristics.
5. State of Nevada agencies such as Nevada Medicaid should provide funding and appoint case care coordinators or community health workers to assist individuals facing multiple diagnoses related to substance use, mental health, and pregnancy. These case workers should be trained in trauma-informed care and motivational interviewing to support care follow-up and assist individuals in navigating the healthcare system.
6. State of Nevada agencies such as Nevada Medicaid and clinicians should ensure all patients who use substances are educated and informed about the risk of use in line with national practice guidelines and standards of care, including overdose prevention strategies such as test strip and naloxone usage.

Recommendations for Communities

1. State and relevant payers should have processes to connect those who do not qualify for insurance to receive health care and care coordination.

2026 MMRC Recommendations

Failure to screen/inadequate assessment of risk

1. State of Nevada agencies such as Nevada Medicaid and clinicians should ensure all patients who use substances are educated and informed about the risk of use in line with national practice guidelines and standards of care, including overdose prevention strategies such as test strip and naloxone usage.
2. Facilities should provide resources and linkages to care with appropriate risk assessments for pregnant individuals without prenatal care that get care in the Emergency Department (ED) visits.

Recommendations for Providers.

1. Orthostatic vital signs should have been done prior to discharge from ED with complaints of dizziness and history of postpartum.

Chronic Disease

1. Clinicians should offer treatment for chronic disease including obesity, diabetes and hypertension .

Recommendations for Providers

1. When a patient presents with recurrent symptoms (symptoms that have not responded to treatment) the treatment cannot remain the same. Since chronic pain is associated with depression, a pain evaluation should be performed.
2. Providers managing chronic conditions should deliver care in accordance with national clinical guidelines and established standards of care.
3. Pain specialists should practice medicine in line with national guidelines, standards of care, and per Assembly Bill (AB) AB474 of the 2017 Legislative Session regulations in Nevada when treating patients.

Is this missing a “in pregnancy” phrase?

2026 MMRC Recommendations

Clinical Skill/Quality of Care

1. The State of Nevada should develop a perinatal quality collaborative to improve uptake of current standards of care recommendations.
2. Nevada hospitals should align with and become Alliance for Innovation on Maternal Health (AIM) designated facilities to adopt and utilize evidence-based AIM bundles like Perinatal Mental Health Conditions Bundle to guide best practice treatment for perinatal women.
3. An ultrasound should have been done in triage labor and delivery per ACOG guidelines and an appropriate birth spacing interval followed per ACOG standards, including education and prevention of first cesarean section to obstetric providers.

Recommendations for Providers

1. Pain specialists should practice medicine in line with national guidelines, standards of care, and per AB474 of the 2017 Legislative Session in Nevada when treating patients.
2. Mental Health clinicians should practice medicine in line with national guidelines, standards of care, and best practices when treating patients.
3. Providers managing chronic conditions should deliver care in accordance with national clinical guidelines and established standards of care.
4. Healthcare providers should administer the PHQ9 or other mental health evaluation for patients at risk for depression.
5. Clinicians should ensure appropriate specialty evaluation for postpartum patients with postpartum concerns.
6. Clinicians should further evaluate patients who present with symptoms of hypovolemia including prolonged assessment or imaging.
7. Emergency Room (ER) nurses need training on maternal warning signs.

2026 MMRC Recommendations

Continuity of Care and Care Coordination

1. State of Nevada agencies and programs such as the Division of Public and Behavioral, Health Care Quality and Compliance (N.B., this is now with Nevada Health Authority), should ensure hospital Emergency Departments provide a standard prenatal care workup to patients who indicate they have not had prenatal care when seeking prenatal care.
2. Facilities should ensure discharge to appropriate mental health placement options that align with each individual's level of care needs.
3. All treatment centers, including prisons, hospitals, and inpatient/outpatient drug/mental health clinics should ensure continuity of care during transitions.
4. Clinical offices should follow up with patients who do not show up for appointments, especially the first visit.
5. Regional support is needed, there should be repeated offers from providers, care teams, and social services at time of interface. The state should support an increase in outreach to people with substance use disorders by peers and professionals at hospitals and jails to increase success rates.
6. ERs should implement an evidence-based protocol for handling positive self-harm screenings, ensuring immediate confirmation of mental health care with patients. An ER counselor should promptly communicate with the patient's mental health provider, sharing relevant records to verify ongoing care and provide an updated assessment of the patient's mental state.
7. State of Nevada agencies such as Nevada Medicaid should provide funding and appoint case care coordinators or community health workers to assist individuals facing multiple diagnoses related to substance use, mental health, and pregnancy. These case workers should be trained in trauma-informed care and motivational interviewing to support care follow-up and assist individuals in navigating the healthcare system.
8. Clinicians should ensure discharge to appropriate mental health placement options that align with each individual's level of care needs.
9. Nevada State Medicaid should establish and collaborate with legal guardians to ensure coordinated and continuous care to appropriate mental health placement options that align with each individual's level of care.
10. Insurers and birthing facilities should increase access to patient navigators to follow up for up to 1 year postpartum for high-risk patients, especially those with a history of chronic diseases.
11. Nevada Department of Health (DHS) should provide a service such as "care everywhere" where outside source information may pull for the patient from other sources which cues continuity of care for diagnoses, for example, if this was in place, the obstetric office may have seen the bipolar disorder diagnosis and could have worked with their patient regarding this.

Recommendations for Providers

1. Clinician who starts a patient on medication and initiates a safety plan needs to ensure follow through.

2026 MMRC Recommendations

Mental Health Conditions

1. State agencies such as Medicaid should explore non-traditional ways to engage the health care system including long-term inpatient mental health care visits for persons with severe mental health conditions.
2. State of Nevada agencies and programs such as the Department of Human Services, Division of Public and Behavioral Health, Behavioral Health and Wellness Program and groups such as the Perinatal Health Initiative should assess the system for accessing care for people who use substances in pregnancy and reduce stigma in accessing care given Nevada's data show people who use substances experience delays in accessing care.
3. State of Nevada agencies such as Nevada Medicaid should provide funding and appoint case care coordinators or community health workers to assist individuals facing multiple diagnosis related to substance use, mental health, and pregnancy. These case workers should be trained in trauma-informed care and motivational interviewing to support care follow-up and assist individuals in navigation of the healthcare system.
4. Provide better continuity of care for people with mental health conditions. State agencies such as Medicaid should explore other non-traditional ways to engage the health care system including utilizing home-based nursing care visits and/or telehealth for perinatal patients.

Recommendations for Providers

1. Clinicians should implement ACOG optimizing postpartum care in the postpartum period for patients with a mental health history.

2026 MMRC Recommendations

Substance Use Disorder- Alcohol, Illicit/Prescription Drugs

1. Naloxone should be widely available in the community for bystander administration and should be given by first responders to any unresponsive person when etiology is unknown.
2. The state should support an increase in outreach to people with substance use disorders by peers and professionals at hospitals and jails to increase success rates in the program.
3. Nevada state agencies should implement adolescent-specific mental health care to prevent deaths among pregnant adolescents using substances. This includes expanding specialized programs, training providers in trauma-informed care, and ensuring adolescents have access to case coordinators and timely mental health screenings. Strengthening collaboration between healthcare, education, and social services will provide continuous support for adolescents throughout pregnancy and postpartum.
4. State of Nevada agencies such as Nevada Medicaid should provide funding and appoint case care coordinators or community health workers to assist individuals facing multiple diagnoses related to substance use, mental health, and pregnancy. These case workers should be trained in trauma-informed care and motivational interviewing to support care follow-up and assist individuals in navigating the healthcare system.
5. All treatment centers, including prisons, hospitals, and inpatient/outpatient drug/mental health clinics, should ensure continuity of care during transitions.
6. Regional support is needed, including repeated offers from providers, care teams, social services at time of interface. The state should support an increase in outreach to people with substance use disorders by peers and professionals at hospitals and jails to increase success rates in the program.

Recommendations for Providers

1. Clinicians should follow standard of care in treatment of mental health including substance use during the perinatal period.
2. Clinicians should practice in line with national guidelines, standards of care, and per AB474 of the 2017 Legislative Session, when treating patients, particularly with substance use disorder or with controlled substances.
3. Clinicians should follow standard of care in the treatment of mental health and substance use disorders including assessing risk factors, screenings and referrals during the perinatal period including postpartum.
4. Clinicians should universally perform questionnaire screening on all patients for mental health and substance use disorders at minimum at the first prenatal visit, third trimester, at labor and delivery, and postpartum visits.

Recommendations for the Community

1. The State of Nevada should implement more programs for free medication-assisted substance use treatment and ensure providers are available to provide the treatment.

2026 MMRC Recommendations

Trauma

1. The Nevada Department of Education should include trauma resiliency in the K-12 curriculum.
2. The Nevada Department of Education should provide staff training in trauma-informed education and resiliency.
3. State of Nevada agencies and programs such as the Nevada Department of Education and Department of Human Services should develop and implement at least two robust evidence-based education-based programs and support to effectively screen for and address ACE s in educational settings then provide interventions if screened positive.

Recommendations for the Community

1. State of Nevada agencies and programs such as the Nevada Department of Education and Department of Human Services should develop and implement at least two robust evidence-based education-based programs and support to effectively screen for and address ACEs in educational settings.

Lack of knowledge regarding importance of event, or of treatment, or of follow-up

1. Nevada hospitals should align with and become Alliance for Innovation on Maternal Health (AIM) designated facilities to adopt and utilize evidence-based AIM bundles like Obstetric Hemorrhage Bundle to guide best practice treatment for patients that experience obstetric hemorrhage.
2. In situations of severe hemorrhage, the massive transfusion protocol should be followed.
3. State of Nevada agencies such as Nevada Medicaid and clinicians should ensure all patients who use substances are educated and informed about the risk of use in line with national practice guidelines and standards of care, including overdose prevention strategies such as test strip and naloxone usage.
4. The entire health care system should offer every person with an OUD, medication for opioid use disorder as the standard of care.
5. The entire health care system should ensure continuity of care during transitions. All treatment centers, including prisons, hospitals, and inpatient/outpatient drug/mental health clinics, should ensure continuity of care during transitions.

Recommendations for Providers

1. The entire health care system should treat all co-occurring co-morbidities including mental health before, during and after pregnancy as the standard of care.
2. Mental Health clinicians should practice medicine in line with national guidelines, standards of care, and best practices when treating patients.
3. Provider should have tested for thrombosis preventive screening and activated recognition and prevention of hemorrhage per Alliance for Innovation on Maternal Health (AIM).

2026 MMRC Recommendations

Inadequate community outreach/resources

1. DHCFP should encourage all MCOs to utilize and bill in lieu of services (ILOS) in perinatal populations for housing and food insecurity.
2. State of Nevada agencies such as Nevada Medicaid should provide funding and appoint case care coordinators or community health workers to follow patients at high risk consistently.
3. State of Nevada should promote available resources including 211, 988, 1-833-TLC-MAMA, and Family Navigation Network.

Lack of standardized policies/procedures

1. The State of Nevada should develop a perinatal quality collaborative to improve uptake of current standard of care recommendations.
2. The entire health care system should offer buprenorphine as first line standard of treatment to all reproductive aged people who can become pregnant that have an opioid use disorder.

Lack of referral/consultation or delay in care

1. State of Nevada agencies, such as Child Protective Services, should have stronger training and protocols to follow for referral and follow-up for treatment interventions to improve outcomes across the spectrum of needs.
2. State of Nevada agencies such as the Division of Health Care Financing and Policy should audit Medicaid perinatal patient navigators and case managers to ensure quality care coordination, timely referral to needed services, and patient connection to services is occurring.

Recommendations for Providers

1. An ultrasound should have been done in triage labor and delivery per ACOG guidelines and an appropriate birth spacing interval followed per ACOG standards, including education and prevention of first cesarean section to obstetric providers.

2026 MMRC Recommendations

Discrimination

1. The entire health care system should not use judgmental, discriminatory, or stigmatizing language when providing care of any capacity for persons with a substance use and or mental health disorder. Instead, positive person first language should be used.
2. Health care systems, including clinicians, should escalate care as appropriate when it appears that a patient's health is declining and not minimizing symptomatology or care based on bias.

Unstable Housing

1. The State of Nevada should invest in low-income housing support at rates that are comparable to poverty levels.
2. Medicaid should encourage all Managed Care Organizations to utilize and bill in lieu of services (ILOS) in perinatal populations for housing and food insecurity.

Lack of family/friend or support system

Recommendations for Providers

1. Clinicians should establish a safety plan with any patient at risk of suicide that would include a family safety plan and emphasizing reduction of access to lethal with her support system.

Violence

1. State should evaluate support for victims of intimate partner violence and reduce gaps in access to services.

Law enforcement

Recommendations for the community

1. State of Nevada agencies such as the Office of Traffic Safety (OTS) should launch updated seatbelt campaigns that emphasize the life-threatening risks and long-term consequences of not wearing a seatbelt. These campaigns should focus on personal safety, real-life stories, and the impact on loved ones to encourage better compliance.

Discussion of Recommendations

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- What recommendations would the NOMHE Advisory Committee like to *add* to the draft 2024 Nevada Maternal Mortality Report?

- Are there any MMRC recommendations the NOMHE Advisory Committee would like to *highlight* as being of particular importance?

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

ACRONYMS

CDC-Centers for Disease Control and Prevention

CFCW-Child, Family and Community Wellness

DPBH-Division of Public and Behavioral Health

DHS-Department of Human Services

MMRC-Maternal Mortality Review Committee

NOMHE Advisory Committee-Nevada Office of Minority Health and Equity Advisory Committee


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