

SUMMARY STATEMENT

National Vital Statistics System data on Nevada rates of prenatal care beginning during the first trimester increased from 66.8% in 2011 to 74% in 2017. Nevada Title V Maternal and Child Health (MCH) Program efforts to promote adequate and early prenatal care to reduce preterm births include maternal and infant-specific epidemiological surveillance, identification and reduction of health disparities, and increasing access to prenatal and antenatal care services.

ACTIVITIES AND OUTCOMES

Title V MCH staff participate in collaborative projects to reduce preterm births, including the Go Before You Show media campaign to increase public awareness of the importance of accessing prenatal care in the first trimester. This campaign was launched in response to Title V MCH-funded Fetal Infant Mortality Review recommendations.

Nevada's Infant Mortality Collaborative for Improvement and Innovation Network (IM CoIIN) project focuses on Social Determinants of Health and reducing preterm births. It includes participation of local health authorities, March of Dimes, Nevada Home Visiting, and the Division of Health Care Financing and Policy (Medicaid). CoIIN efforts resulted in policy changes to better promote Medicaid coverage of alpha hydroxyprogesterone caproate (17P) to increase appropriate utilization and a provider-focused Project ECHO webinar on 17P.

Title V MCH perinatal quality efforts focus on improving preconception and interconception health among women of childbearing age (ages 15-44). Promotion of Long Acting Reversible Contraceptive (LARC) use and education on reimbursements for LARCs now being covered at the time of delivery and immediately postpartum via reimbursement factsheets are shared widely. Title V MCH co-funded Home Visiting Programs promote birth spacing, well visits, screenings, and access to services. Title V MCH-led partnerships to reduce early elective deliveries include the Hospital Recognition Program with the Nevada Hospital Association and March of Dimes. Three Nevada hospitals were recognized for efforts to reduce rates of early elective deliveries by 5% for two consecutive quarters in 2015; in 2016, 12 Nevada hospitals were recognized.

Title V MCH's priority to reduce substance use during pregnancy and reduce children's exposure to secondhand smoke resulted in all Title V MCH-funded partners being required to promote and refer eligible women to the Nevada Tobacco Quitline and the Title V MCH program-funded website <http://sobermomshealthybabies.org/>. A media campaign promoting the website and priority admission for pregnant women at state-funded treatment centers continues to be distributed to partners statewide, and a Substance Use During Pregnancy Provider Toolkit was created and distributed widely, including tobacco cessation during pregnancy resources. Continuing current activities and trends to increase early and adequate prenatal care will promote health equity, reduce preterm birth rates and associated disparity ratios, along with formalizing emerging state perinatal quality collaborative efforts.