

SUMMARY STATEMENT

Nevada's progress in Maternal and Child Health (MCH) includes the establishment of a Maternal Mortality Review Committee (MMRC), both in statute and in convening the MMRC. Nevada also became an Alliance for Maternal Innovation (AIM) state with plans to launch the hypertension patient safety bundle in late fall of 2020. The purpose of the safety bundle is to reduce preventable maternal mortality and severe maternal morbidity statewide, as well as address associated racial and ethnic disparities. Statewide efforts to promote early prenatal care and decrease preterm birth and teen birth align with positive perinatal birth outcomes trends reflected in National Vital Statistics System (NVSS) data. The percent of women who receive prenatal care beginning in the first trimester increased by 13.2% (from 65.9% in 2010 to 74.6% in 2018), percent of preterm births less than 37 weeks gestation decreased by 6.5% (from 10.8% in 2009 to 10.1% in 2018), and teen birth rate, ages 15-19, per 1,000 females decreased by 53.4% (from 44% in 2009 to 20.5% in 2018). Appropriation of six million dollars in state general funds to support reproductive health, access to contraception, and immunizations is another statewide initiative benefiting MCH in Nevada.

ACTIVITIES AND RESULTS

Nevada's efforts to improve birth outcomes and associated evaluation efforts include: robust prevention of substance use in pregnancy efforts through internal and external stakeholder engagement, Nevada Home Visiting (NHV) efforts to improve dyad outcomes and reproductive health, strong relationships with local health authorities, MMRC and AIM development, and establishment of the Account for Family Planning to improve access to reproductive health statewide.

Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) efforts and quality improvement of Comprehensive Addiction and Recovery Act (CARA) Plan of Care processes support positive birth outcomes, as do efforts to create robust wrap around care and referrals for women who are pregnant and use substances.

Nevada is an Alliance for Maternal Innovation (AIM) state and the Nevada MMRC was established to reduce preventable maternal mortality and severe maternal morbidity. Exploration of perinatal quality improvement efforts more broadly continue as a possible space to leverage efforts of substance use, reproductive health, and perinatal mortality review committees. Continuing to seek opportunities to expand NHV capacity to serve more families through additional funding streams is a priority in supporting healthy birth outcomes.

Bilingual substance use and safe sleep Public Service Announcements (PSAs), websites, social media, and print campaigns are ongoing. The SoberMomsHealthyBabies.org website provides information to women of childbearing age, providers, and concerned family and friends. The website provides the substance use help line number, plan of care, and other resources, as well as education on the treatment priority status for pregnant women at Substance Abuse Prevention and Treatment Agency (SAPTA)-funded organizations.

The Nevada Department of Health and Human Services (DHHS) Community Reproductive Engagement Committee also dovetailed with substance use prevention efforts, as did Nevada Division of Child and Family Services Families First efforts. Marijuana-specific perinatal resource development was also completed and shared in all dispensaries and to statewide partners and providers.

The Nevada Women, Infants, and Children (WIC) Breastfeeding Program in collaboration with the Title V MCH Program continued statewide campaigns to improve infant feeding practices in maternity hospitals and increase community and business support for breastfeeding mothers. Nevada WIC supported participants by providing free professional lactation services, breast pumps and an enhanced food package to breastfeeding mothers. Nevada WIC continued to promote and support breastfeeding using an existing campaign to model Baby Steps to Breastfeeding Success (BS to BS). Two breastfeeding campaigns in Nevada increase awareness, promote WIC breastfeeding services, and normalize breastfeeding in public locations. For the Breastfeeding Welcomed Here (BFWH) campaign, Nevada businesses

pledge their commitment to provide welcoming environments to breastfeeding mothers. Nevada WIC and Title V MCH participate in the Association of State Public Health Nutritionists' (ASPHN) Children's Healthy Weight Collaborative Improvement and Innovation Networks' (CHW CoIIN) Breastfeeding Stream at the Intensive Learning Level focusing on promoting breastfeeding support to partners of WIC mothers to increase breastfeeding rates.

The Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) is part of a national effort to reduce infant mortality and adverse birth outcomes. It consists of a survey administered to randomly selected women 2-3 months after they give birth, and the questions cover the period before, during, and shortly after pregnancy. These data help refine Nevada programmatic efforts.

Fetal Infant Mortality Review (FIMR) activities at the Washoe County Health District (WCHD) are fully funded by the Title V MCH Block Grant and recommendations have led to the launch of the Go Before You Show campaign statewide. Staff participated in the Nevada State Congenital Syphilis Workgroup of DHHS and Nevada Division of Public and Behavioral Health (DPBH). Numerous DHHS agencies are currently drafting a congenital syphilis action plan to build on prior work.

Title V MCH programs support Cribs for Kids (C4K) efforts providing educational resources and surveys to parents and caregivers on the importance of practicing safe sleep behaviors with infants to prevent mortality. Partner agencies participate in train-the-trainer sessions, which include evidence-based, best practice safe sleep education endorsed by the American Academy of Pediatrics (AAP). Safe Sleep Survival Kits for infants are provided to families who cannot afford to purchase a crib for their infant and surveys measure retention of educational components.

MCH staff participated in a technical assistance opportunity, Maternal Infant Health Initiative (MIHI), in partnership with Nevada Medicaid, national consultants, local Primary Care Association staff, and DPBH leadership. Efforts focused on rural access to prenatal and obstetric care and generated rich perinatal data for both Fee-for-Service and Managed Care Organizations related to trimester of care initiation, adequacy of care, disparity in outcomes, neonatal intensive care unit (NICU) stays, and policy related to neonatal levels of care. Rural birth outcome improvement and roles of federally qualified health centers (FQHCs) in increasing access to care in one rural area were foci, along with logic model development and analysis of policy and perinatal data.

To address issues relating to birth outcomes and Social Determinants of Health, Nevada Title V MCH is involved in several statewide initiatives as part of the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) 2.0 in partnership with the Association of Maternal and Child Health Programs (AMCHP). Nevada CoIIN partners included Title V MCH, NHV, Nevada Healthy Start Program, Southern Nevada Health District (SNHD), WCHD, Nevada Medicaid, and March of Dimes (Nevada Chapter). The aim of the IM CoIIN 2.0 is to build state and local capacity and test innovative strategies to shift the impact of social determinants of health and increase equity in birth outcomes by developing evidence-based policies, programs, and place-based strategies. Education on 17-alpha-hydroxyprogesterone caproate (17P) and long-acting reversible contraception (LARCs) are embedded in Nevada IM CoIIN efforts. The Nevada IM CoIIN efforts have led to further distribution of Go Before You Show campaign materials, preterm birth continuing medical education (CME), and March of Dimes preterm birth resources and information distribution.

COVID RELATED WORK

Nevada Maternal, Child and Adolescent Health (MCAH) COVID-19 efforts to promote positive birth outcomes and postpartum health include posting [MCH-specific resources on their website](#), engaging in pregnancy surveillance monitoring with Centers for Disease Control and Prevention (CDC) as part of an Office of Public Health Informatics and Epidemiology (OPHIE)-led team, sharing resources and technical bulletins to partners, reaching out to stakeholders and sub-awardees on how COVID-19 is affecting their efforts and assisting in any technical assistance and adaptations needed. Title V MCH staff facilitated a COVID-19 and MCH data presentation by the Office of Analytics at an 8/7/20 Nevada Maternal and Child Health Advisory Board (MCHAB) meeting which will be updated at the November meeting.

WIC efforts included launch of innovative means to deliver benefits to clients during the pandemic and working in partnership with local WIC agencies to ensure continuation of essential services. Immunization Section efforts included

statewide release of data on COVID-19 impacts on immunization rates and heightened flu season vaccine promotion, including for pregnant women. COVID-19 vaccine planning will benefit post-partum women.

Nevada Early Hearing Detection and Intervention (EHDI) Program COVID-19 supplemental funds were awarded to enhance capacity; Nevada Rape Prevention and Education (RPE) Program was also awarded additional funds to help support heightened demand for crisis line support due to COVID-19 effects. MCAH staff participate in bimonthly state sharing meetings specific to COVID-19 and MCH. Title V MCH launched a social media campaign on the importance of keeping all prenatal visits spurred by feedback and concerns voiced by FIMR providers and national trends. Messaging on the importance of keeping well visits also launched. The entire NHV program transitioned to virtual visits, along with Nevada's Teen Pregnancy Prevention Programs, Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE). MCAH partners reporting COVID-19 impacts were provided grant adaptations where allowable and redirection of funds to support their needs and barriers.

MCAH staff have contacted the Statewide MCH Coalition and partner networks to broadly disseminate numerous resources related to MCH populations and COVID-19, as well as for the Medical Home Portal and the Mountain States Regional Genetics Network (MSRGN) where staff helped translate COVID-19 information into Spanish. COVID-19 and Critical Congenital Heart Disease (CCHD) information is also being monitored, along with COVID-19 impacts to EHDI screenings and hospital and Nevada Early Intervention Services (NEIS) flows throughout.

COVID-19 SURVEILLANCE

OPHIE-led efforts include MCAH staff working with CDC on COVID-19 pregnancy surveillance in Nevada. CDC received approval to use COVID-19 supplemental funds to support this work through the existing Epidemiology Laboratory Capacity for the Prevention and Control of Infectious Diseases (ELC, CK19-1904) cooperative agreement. This funding supports surveillance of pregnant women with laboratory evidence of SARS-CoV-2 infection at the time of reporting and up to the day of delivery to monitor pregnancy, fetal, birth, and infant outcomes. MCAH staff also participate in MIS-C surveillance led by OPHIE. In addition, MCAH implemented the PRAMS COVID-19 questions in October 2020.