

Nevada's maternal and infant health outcomes may be influenced by maternal health literacy, which affects a person's ability to find, understand, and use essential prenatal and postpartum health information. The fragmented nature of health information and services makes individuals with lower health literacy particularly vulnerable to delays, misunderstandings, and gaps in care. National evidence shows that limited maternal health literacy is associated with poorer engagement, riskier health behaviors, and reduced ability to navigate complex care systems, and similar dynamics are likely at play in Nevada.¹

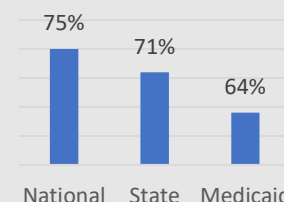
Nevada's maternal health information environment is fragmented with guidance, benefits information, and service pathways spread across state agencies, local health districts, Managed Care Organizations (MCOs), and community programs. Patients and providers often must navigate this system, which can contribute to incomplete information about services, eligibility, and care pathways.

The literature shows that limited health literacy is associated with delayed prenatal care, reduced understanding of medical recommendations, and lower engagement in care, indicating that health literacy influences care-seeking behavior.¹ In Nevada, there may be a similar pattern, where approximately 71% of pregnant individuals statewide receive early and adequate prenatal care, but drops to 64% among Medicaid beneficiaries, a population that generally has lower income and educational attainment and may face greater challenges navigating the health system.²

Nationally, states are moving toward more coordinated and health-literacy-sensitive maternal care by reimbursing prenatal and parenting education, expanding group prenatal care, and strengthening case management and home visiting programs.³ Many Medicaid programs now provide centralized resource directories or clearer navigation tools, while quality-reporting initiatives, such as public hospital performance dashboards and the federal Birthing-Friendly designation, aim to make maternal health information easier for patients to understand and use.³

Nevada is working to improve coordination in its maternal health system through the reorganization of state health functions into the Nevada Health Authority and the Department of Human Services, as well as its participation in a CMMF technical assistance initiative that encourages closer collaboration between Medicaid and the Title V Maternal and Child Health program. These efforts support more integrated service delivery, with additional opportunities to strengthen how information is organized and accessed across the perinatal continuum.

Adequate Prenatal Care



Data: Nevada Office of Vital Records and Nevada Medicaid Enrollment
Sources: Healthy People 2030, *Pregnancy and Childbirth* (OASH, n.d.).

¹ Nawabi, F., Krebs, F., Vennedey, V., Shukri, A., Lorenz, L., & Stock, S. (2021). Health Literacy in Pregnant Women: A Systematic Review. *Environ. Res. Public Health*, 18(7). doi:<https://doi.org/10.3390/ijerph18073847>

² Office of Analytics. (2025). *Maternal and Child Health in Nevada*. Retrieved from <https://app.powerbigov.us/view?r=eyJrIjoieYTRjMTJmOTQTYTM1Ny00Y2RlLWJjMTUtY2M4Y2RlMjVjYjEzIiwidCI6ImU0YTM0M0GU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCJ9>

³ Commonwealth Fund. (2023). *Appendix 2: Best Practice in the Coverage and Delivery of Maternal Health: A Review of the Literature*. Retrieved from <https://www.commonwealthfund.org/sites/default/files/2023-05/Rosenbaum%20Appendix%202%20-%20A%20Review%20of%20the%20Literature%20-%20Best%20Practices%20in%20the%20Coverage%20and%20Delivery%20of%20Maternal%20Health.pdf>

POLICY OPTIONS

Table 1. Coverage and Benefits Policy Options

Policy Option	Expected Impact	Possible Policy Lever	Action Priority Matrix	Resource(s)
Expand Coverage for Prenatal and Parenting Education Require Medicaid and regulated commercial plans to cover evidence-based childbirth education and infant-care parenting education as a distinct reimbursable service (Coverage and Benefits)	Outcomes: Improve birth outcomes; lower intervention rates Est. Cost: Low	Legislation; SPA; MCO Contract	Quick Win (High Impact, Low Effort)	KFF
Birthing Friendly Hospital Designation Require all birthing hospitals in the state to achieve and maintain the federal “Birthing-Friendly” designation, recognizing hospital that meet core maternal safety and quality standards. (Population Health)	Outcomes: Improved health outcomes and facility transparency Est. Cost: Low	Legislation; VBP; MCO Contracting	Project: (Moderate Impact/Moderate Effort) *13 of 18 NV Birthing Hospitals has Designation	Hospitals and Health Systems; Birthing Friendly Designation
Maternal Health Information Hub Develop a centralized maternal health information portal maintained by the state that integrates resources in a one-stop site.	Outcomes: Improved access to reliable information, informed choice, care coordination Est. Cost: Low	Legislation; Interagency Coordination;	Project (Moderate Impact/Moderate Effort)	Connecting NJ; Tracking the Progress of Connecting NJ
Mom & Baby Home Visiting Authorize Medicaid coverage of evidence-based postpartum home visiting programs (Coverage and Benefits)	Outcomes: Increase postpartum engagement; reduce ER use Est. Cost: Moderate	Legislation; SPA; Waiver	Major Project (High Impact, High Effort) (Current MCH Program)	HomVEE; CMS; AAP
Group Prenatal Care Authorize Medicaid reimbursement for the "centering" model of group prenatal care which combines clinical assessment with peer support (Coverage and Benefits)	Outcomes: Reduce pre-term birth and NICU use Est. Cost: Low	Legislation; SPA; MCO Contract	Quick Win/Major Project (Varies by State/Org)	Group Prenatal Care ACOG; Strong Start Evaluation
Dyadic Intervention Services that treat the parent and infant together, addressing maternal mental health during pediatric visits (Behavioral Health; Coverage and Benefits)	Outcomes: Increased screening/treatment for maternal mental health Est. Cost: Low	Legislation; SPA; MCO Contracting; VBP	Quick Win/Fill-in (Moderate Impact, Low Effort)	Addressing Needs During Pediatric Care; Bright Futures; California
Develop a Referral and Service Directory for Providers Build a provider-facing directory of state, Medicaid, MCO, and community maternal services with clear referral pathways	Outcomes: Increase timely connection to services, and strengthen system navigation Est. Cost: Low	Legislation; Interagency Coordination, MCO Contracting; SHARP	Major Project (High Impact, High Effort)	SMA-Endpoint-Directory

Levels of Perinatal Care

Establish a classification system to distinguish a birth facility's level of risk appropriate maternal care. (Population Health)

Outcomes: Improved patient safety
Est. Cost: Low

Legislation, Regulation

Major Impact (High Impact/High Effort)

[Levels of Maternal Care | ACOG](#)

Campaign to Improve Prenatal Care in Nevada

Implement a statewide, community driven communication campaign targeted on social media outreach and a mobile friendly information hub to increase prenatal care engagement.

Outcomes: Increase engagement and awareness of services
Est. Cost: Low

Legislation/
Appropriation, CMMP
STAC; RHTP

Project (Moderate Impact/Moderate Effort)

[Evaluating Messaging on Prenatal Health Behaviors Using Social Media](#); [Hear Her® Social Media CDC](#)

Education on Cardiac Warning Signs

Provide community-level education on recognizing cardiac warning signs and when to seek care

Outcomes: early detection; reduced preventable maternal cardiac events
Est. Cost: Low

Legislation; Community Org. Partnership; MCO Reinvestment

Fill in (Low Impact/Low Effort)

[Healthy Heart, Healthy Pregnancies](#)