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POPULATION HEALTH

Nevada's maternal and infant health outcomes reflect increasing morbidity, elevated preterm birth rates, and variation in care quality across care sites. Existing care delivery structures lack consistent application of standardized practices, comprehensive data systems, and coordinated approaches to quality improvement. These gaps limit the state's ability to achieve reliable, equitable outcomes for moms and babies.

BACKGROUND

Nevada's maternal and infant health system operates without several statewide structures that support consistent quality improvement and coordinated population health management in other states. The state does not have Perinatal Quality Collaborative (PQC), and there is no centralized mechanism for shared learning, standardized clinical practices, or consistent, rapid-cycle data reporting across birthing facilities.

Quality activities occur within individual health systems or payer-specific initiatives, such as Medicaid's Hospital Quality Collaborative, but the state lacks a unified framework for perinatal health. National reviews highlight that many states use more formalized, statewide processes to standardize care and track performance, while Nevada's infrastructure remains more limited.¹

NATIONAL TRENDS AND EVOLVING STANDARDS OF CARE

A review of the national landscape indicates a shift toward coordinated population health infrastructures that centralize quality improvement and standardize clinical expectations across all birthing facilities.² Most states rely on Perinatal Quality Collaboratives (PQCs) to support consistent implementation of evidence-based practices, such as including AIM safety bundles, and to use rapid-cycle data for improving outcomes.

These strategies are supported by federal guidance from the CDC and HRSA, as well as multi-state Medicaid quality initiatives.³ Nevada has taken steps towards implementing several elements, including the AIM postpartum discharge transitions bundle through Medicaid Value-Based Payment efforts, but remains one of two states without a PQC.^{2, 4} These gaps mark clear opportunities for potential policy development.

Key Figures

Preterm Birth

11.0% (National: 10.4%)

Low Birth Weight

9.7% (National: 8.6%)

NICU Utilization

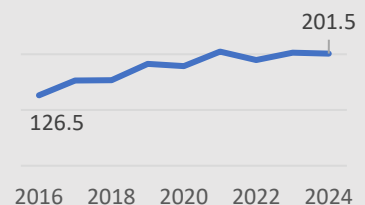
10.7% (National: 10.0%)

Low-Risk C-Section Births

27.7% (National: 26.6%)

Severe Maternal Morbidity

Per 10,000 live births



Data: Nevada Office of Vital Records and Nevada Medicaid Enrollment
Sources: Natality on CDC Wonder (2024): <http://wonder.cdc.gov/natality-expanded-current.html>
March of Dimes, 2025 Report Card. <https://www.marchofdimes.org/peristats/reports/nevada/report-card>

¹ CDC. (2024). *Perinatal Quality Collaboratives*. Retrieved from <https://www.cdc.gov/maternal-infant-health/pqc/index.html>

² Commonwealth Fund. (2023). *State Policies to Improve Perinatal Health Outcomes*. Retrieved from <https://www.commonwealthfund.org/publications/maps-and-interactives/state-policies-improve-perinatal-health-outcomes>

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>

⁴ NVHA. (2026). *Value-Based Payment: A Strategic Roadmap*. Retrieved from <https://www.nevadamedicaid.nv.gov/siteassets/nevada-value-based-payment-roadmap-2026.pdf>

POLICY OPTIONS

Table 1. Coverage and Benefits Policy Options

Policy Option	Expected Impact	Possible Policy Levers	Action Priority Matrix	Resources
Perinatal Quality Collaborative Establish a statewide PQC to coordinate quality improvement, share data, and standardize evidence-based practices across the state.	Outcomes: Reduce SMM, preterm birth Est. Cost: Low	Legislation* *Interim HHS intends to advance	Major Project (High Impact/High Effort)	Developing and Sustaining Perinatal Quality Collaboratives AIM Alliance For Innovation On Maternal Health
Adopt AIM Patient Safety Bundles Require the adoption and implementation of standardized evidence-based protocols of obstetrics across all birthing facilities.	Outcomes: Improved health outcomes Est. Cost: Low/Moderate	Legislation; Quality Incentives (VBP) MCO Contracting	Major Project (High Impact/Moderate Effort)	Hospitals and Health Systems; Birthing Friendly Designation
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. (Health Literacy)	Outcomes: Improved health outcomes and facility transparency Est. Cost: Low	Legislation; VBP; MCO Contracting *13 of 18 NV Birthing Hospitals has Designation	Project: (Moderate Impact/Moderate Effort)	Dr. Iriye (PPC Presentation); CA NICUs; Appendix D: NICU Comparisons Levels of Maternal Care ACOG
NICU Regionalization Align hospital levels of care statewide to ensure high-risk deliveries occur in appropriately equipped facilities	Outcomes: Improve outcomes for high-risk infants Est. Cost: Low	Legislation	Major Project (High Impact/High Effort)	NRS 613.4353-613.4383 Link Between Phthalate Exposure and Preterm Birth
Levels of Perinatal Care Establish a classification system to distinguish a birth facility’s level of risk appropriate maternal care. (Health Literacy)	Outcomes: Improved patient safety Est. Cost: Low	Legislation, Regulation	Major Impact (High Impact/High Effort)	CLAS Standards
Pregnant Workers’ Fairness Act Expansion of the Nevada Pregnant Workers’ Fairness Act to include ‘Perinatal Care’ in Definitions	Outcomes: Improved care engagement; workplace stability Est. Cost: Low	Legislation	Project (Moderate Impact/Moderate Effort)	
Protecting Nevada Mothers and Babies from Endocrine-Disrupting Chemicals Ban the use of forever chemicals, such as phasing out vinyl gloves in food service and health and prohibiting bisphenol-containing thermal paper in Nevada.	Outcomes: Reduced exposure; improved outcomes Est. Cost: Low	Legislation	Moderate Impact/Moderate Effort	
Language Access Standards Require interpreter services, language line access, translated materials, and CLAS-aligned practices in perinatal care.	Outcomes: Fewer communication barriers	Legislation; Regulation; MCO contract	Quick Win (HI/LE)	

	Est. Cost: Low/Moderate.	(Similar bill passed last session SB188)		
Clinical Resilience Model for Unstable Environments Deploy mobile, rapid-access perinatal care teams that provide on-site prenatal services within shelters, encampments, and transitional housing, integrating AIM safety bundle practices, and coordinating protected diagnostic access (e.g., on-site or reserved ultrasound slots)	Outcome: Improve prenatal engagement and risk detection for unhoused Est. Cost: Moderate	Legislation; RHTP	Major Project (High Impact/High Effort)	AIM ; Pilot Mobile Health Program ; POC Ultrasounds
Housing Resilience Pathway for Unstable Environments Create a “Pregnancy Priority Pathway” that provides rapid access to emergency and transitional housing, short-term stabilization (e.g., motel vouchers for high-risk pregnancies), and coordinated case management through 12 months postpartum.	Outcomes: Improved stability; fewer preventable crises Est. Cost: Moderate	Legislation	Major Project (High Impact/High Cost)	Healthy Parents Healthy Babies ; Transitional and Emergency Housing
Social and Structural Resilience Supports Provide transportation assistance, guaranteed access to essential infant supplies, food security supports, and legal aid for safety and benefits navigation	Outcomes: Reduced unmet basic needs; improved outcomes Est. Cost: Low	Legislation; MCO Contracts; WIC/Food bank	Moderate Impact/Moderate Effort	Evaluation of Key Strategies and Lessons Learned from the PAF Program
Community and Cultural Resilience Partnerships Strengthen perinatal support by partnering with tribal health programs, culturally aligned doulas and CHWs, and establishing engagement pathways for fathers/partners	Outcomes: Improved cultural alignment; increased engagement in care Est. Cost: Low	Legislation; Tribal Partnerships; SPA; Waiver	Moderate Impact/Moderate Effort	IHS ; Integrating community-based doula care in public hospitals ; Father-Inclusive Perinatal Parent Education ;
Statewide ICU-in-Pregnancy Surveillance Create a unified, statewide dataset linking ICU admissions during pregnancy/postpartum, analyze trends to identify preventable factors and care gaps	Outcomes: Identification of preventable factors, improved safety Est. Cost: Moderate	Legislation; Data-Sharing; PQC	Major Project (High Impact/High Cost)	CDC Mothers Admitted to ICU
Fortification of Corn Masa Flour with Folic Acid Require corn masa flour in Nevada to be fortified with folic acid	Outcomes: Reduced neural tube defects Est. Cost: Low	Legislation	Fill-in (Moderate impact/moderate effort)	Fortifying Corn Masa Flour Products with Folic Acid FDA ; Lurie Children's