Drug-related Death Leading Cause of Pregnancy-associated Death in Florida

Maternal health plays a fundamental role in infant health and well-being. Thus, the health of women during and after pregnancy is imperative. Measures of maternal mortality help characterize maternal health. One of these, pregnancy-associated death (PAD), is defined as death of a woman during or within one year of pregnancy, regardless of duration and site of pregnancy. PAD is further categorized as pregnancy-related or not. Common causes of non-pregnancy-related PAD include drug poisoning, homicide, and suicide.1-4

Opioid use during pregnancy has increased parallel to the general population.5 Other drug use, such as marijuana and stimulants, is also increasingly common during pregnancy.6-8 Substances, including many prescription drugs, used during pregnancy negatively impact fetuses and infants, contributing to stillbirth, preterm birth, and neonatal abstinence syndrome, a group of conditions due to withdrawal from substances.9 Substance use during pregnancy impacts more than infants; women with substance use disorder (SUD) are at risk of myriad negative health impacts as well, especially overdose in the year following delivery, sometimes termed the fourth trimester.10 Moreover, opioid-naïve women who receive an opioid prescription during pregnancy, delivery, or postpartum are more likely to experience new, persistent opioid use.11,12

Over the last decade in Florida, the number of overall PAD per 100,000 live births declined from 81.2 in 2008 to 62.7 in 2017 (data not shown); however, during the same time period, drug-related PAD per 100,000 live births increased from 9.5 to 17.9 (Figure 1).13 Because PAD due to other causes has declined or remained about the same, drug-related PAD comprises a larger proportion of overall PAD. In 2017, drug-related causes were the leading cause of PAD in Florida, occurring at least two times as often as any other cause (Figure 1).


Recommendations

Screen women of childbearing age with SUD for pregnancy intention and refer to family planning services as indicated.14 Reduce stigma to encourage initiation of and ongoing prenatal care as well as disclosure of substance use14-16. Ensure appropriate prescribing for pain management and mood disorders, maximizing use of prescription drug monitoring programs (E-FORCSE in Florida).16,17 Screen all pregnant women for substance use with validated tools, e.g. 5Ps, NIDA Quick Screen, or CRAFFT (for ≤ 21 years).14-16 Biologic testing alone is not recommended. Offer brief intervention and referral to treatment to women who screen positive for substance use.14-16 Provide overdose education and naloxone to women who misuse opioids or have OUD.10 Create long-term, comprehensive discharge plans in collaboration with women with SUD.10,14

For more information, please visit the following:
Additional Information Sources

CDC: About Opioid Use during Pregnancy and The US Opioid Crisis: Addressing Maternal and Infant Health

Florida Department of Children and Families: Treatment for Substance Abuse

Florida Department of Health: PAMR and Urgent PAMR Message to Providers and Hospitals

Florida Perinatal Quality Collaborative Maternal Opioid Recovery Effort (MORE)

SAMHSA: A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorder

References


