

Substance Abuse Trends **Alert!**

June 2020

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).

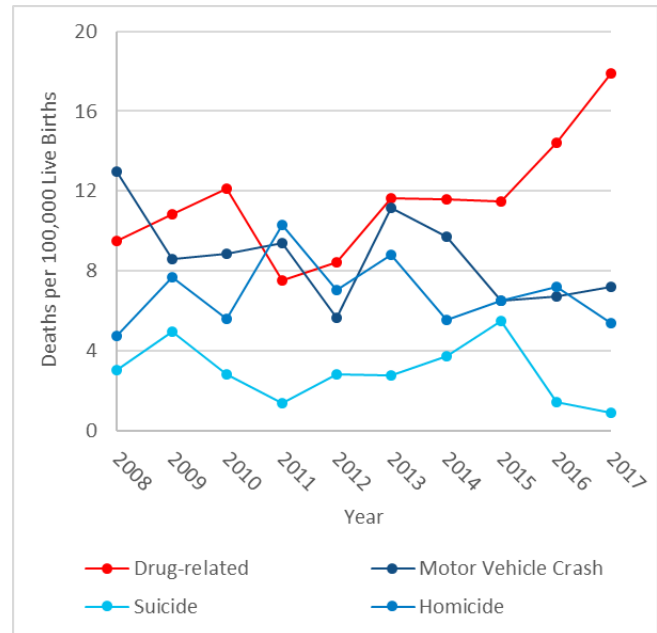


Figure 1. Leading causes of pregnancy-associated death, Florida, 2008 - 2017. Source: [Florida Pregnancy-associated Mortality Review \(PAMR\)](#).

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 use.¹⁴⁻¹⁶ 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 OUD¹⁰. 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 \(MORE\)](#)

[National Institute on Drug Abuse: Resources for OB/GYNs](#)

[SAMHSA: A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorder](#)

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