Missed Opportunities

Among Pregnant and Postpartum Women Who Died From Opioid Use In Massachusetts: A Qualitative Review of Maternal Death

During 2015-2017 there were 18 pregnancy-associated deaths due to opioid overdose in MA.

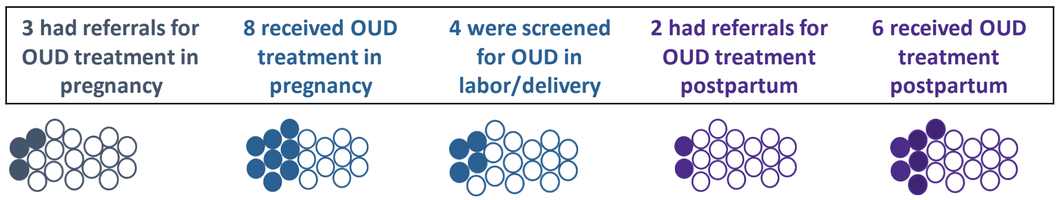
Each maternal overdose death identifies opportunities to provide for substance use and mental health support and care.

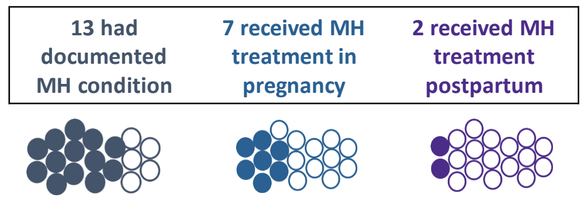
Each circle represents one pregnancy-associated death caused by an overdose.

Opioid use disorder (OUD) deaths occurred as often during pregnancy as between 9-12 months postpartum.

Preconception, prenatal care, delivery and postnatal visits = many opportunities for OUD and mental health screenings and referrals to treatment

Each open circle is a missed opportunity for substance use and mental health support and treatment.





94% had documented history of OUD

Fewer than half were screened or treated

One woman at her first prenatal visit said she used substances. She also revealed that she used Suboxone obtained on the street when she could get it and wanted to get Subutex and then wean herself. However, no further documentation of MAT was found, even though the patient was interested in treatment.

72% had documented mental health conditions

Barely half had any mental health treatment

One woman with a history of bipolar disorder had **20 prenatal care visits** but her mental health condition was never mentioned.

20 missed opportunities for screening and intervention.

PRECONCEPTION

Trauma including domestic violence, abuse, rape and sexual assault, unwanted pregnancy, and growing up with a parent misusing drugs were common.

One woman had life course issues significant for history of substance use disorder in both parents, foster care, childhood physical and sexual abuse.

Another had a history of depression and anxiety, and likely undiagnosed PTSD, but her mental health was not addressed.

Contraception was rarely counseled or documented

One woman in a prior pregnancy had an infant delivered at 33 weeks who tested positive for opiates. There was no record of OUD treatment and no record of contraception.

PREGNANCY

Women suffered homelessness or unstable housing frequently, including living in cars, with grandmothers, in shelters, or with friends in basements.

One woman was living in a friend's basement. She sought residency in a group home but was unsuccessful.

Women often interacted with law enforcement, but most had not been referred to mental health or substance use treatment during these encounters, representing multiple missed opportunities.

Another woman was incarcerated near the end of pregnancy with twins yet received no prenatal care or OUD treatment.

One woman with childhood trauma had 200+ pages of police records including encounters for truancy, false fire alarm, larceny and property destruction, even just before her death.

POSTPARTUM

Only 23% had any postpartum visit

Housing and police struggles continued in postpartum

One woman, one week before her death, was arrested in the car of the father of her baby and found with heroin residue and syringes. No referral to treatment was noted.

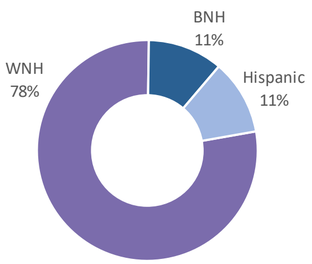
Patients who had received treatment for OUD during pregnancy often did not have documented treatment continuity during postpartum

One woman, during nearly a year postpartum until her death, had no documentation of any type of MH or OUD care, even though she received counseling prenatally.

Days before her fatal OD, a woman's boyfriend had a non-fatal OD at the same residence. There was no record of referrals and no mention of prescribing Narcan.

Who are the women who died of OUD?

Most women were White non-Hispanic

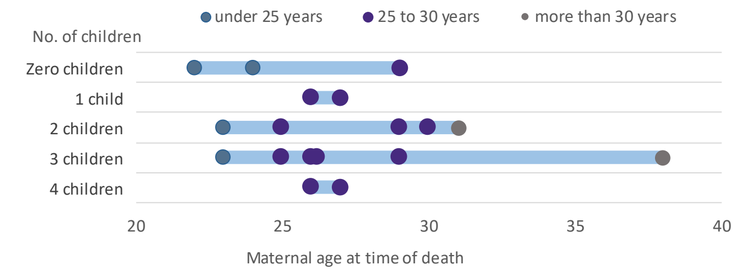


WNH=White non-Hispanic; BNH=Black non-Hispanic

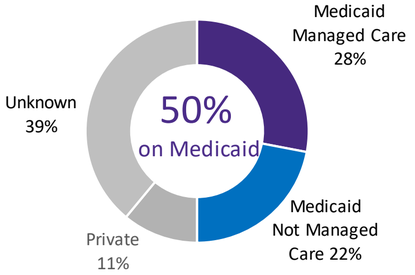
Two-thirds of pregnancy-associated OUD deaths occurred among women 25 to 30 years old

Many had two or more children

◯ Each dot represents one pregnancy-associated overdose death



Half had Medicaid insurance



Every health care and social service encounter, including ER visits, police involvement and housing support, is an opportunity for opioid use disorder (**OUD**) and mental health (**MH**) **screening, and referrals to treatment**

RECOMMENDATIONS:

Providers should ***screen and refer*** all pregnant and postpartum women for OUD and mental health conditions using a ***validated screening tool*** at ***every encounter*** including ER visits, and **track** to ensure that patients receive OUD and MH treatment

Providers should offer and discuss the benefit of ***contraception at the time of discharge***, including long-acting reversible contraception (LARC).

Providers should ***refer women*** who are enrolled in Medicaid ACO plans to receive appropriate ***care coordination services*** that will connect the women to mental health care, addiction treatment, long-term services, and contraception.

For Systems: Prenatal care practices and affiliated birth hospitals need to be ***informed of their patients' OUD-related deaths.***

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