MATERNAL MORTALITY IN LOUISIANA

SUBSTANCE USE DISORDER-RELATED DEATHS, 2017-2019

The Louisiana Pregnancy-Associated Mortality Review (PAMR) committee works to review and understand pregnancy-associated deaths in order to create actionable recommendations to prevent future deaths. This is done through surveillance and multidisciplinary case review.

A pregnancy-associated death is the death of a woman that occurs during pregnancy or within one year of the end of pregnancy, regardless of the cause. A substance use disorder (SUD)-related death is a death in which acute or chronic substance use directly contributed to the death, as determined by the PAMR committee.

From 2017 to 2019, a total of **182 pregnancy-associated deaths** were identified in Louisiana

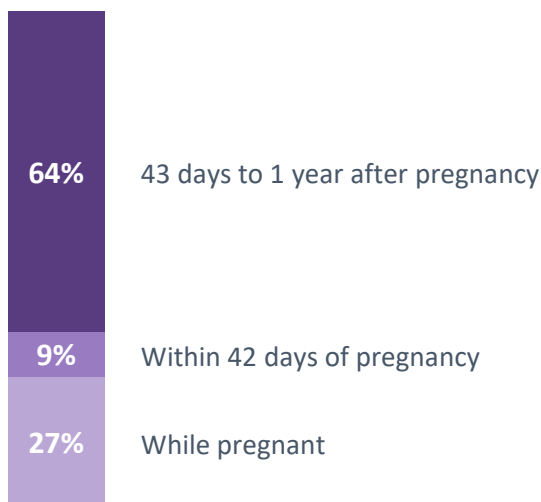About **one in four (25%)** of these deaths had **SUD listed as a contributing factor**

About **one in three (33%)** of pregnancy-associated deaths with substance use disorder as a contributing factor also had a **mental health condition**

100% of substance use disorder-related deaths were determined to be **preventable**

TIMING OF SUD-RELATED DEATHS

Almost two-thirds (64%) of SUD-related deaths occurred during the postpartum period, between **43 days to 1 year after pregnancy**

64% 43 days to 1 year after pregnancy

9% Within 42 days of pregnancy

27% While pregnant

HEALTH DISPARITIES

73% of SUD-related deaths occurred among women **25-34 years old**

73% of SUD-related deaths were among **White** women

76% of SUD-related deaths were among women with a **high school degree/GED or less**

LOUISIANA
DEPARTMENT OF HEALTH

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SUBSTANCE USE DISORDER-RELATED DEATHS, 2017-2019

Louisiana's Pregnancy-Associated Mortality Review (PAMR) committee identified substance use disorder (SUD) as a leading contributing factor for multiple deaths that occurred from 2017 to 2019. All SUD-related deaths were considered to be preventable. Each SUD-related death identifies opportunities for substance use and mental health screening, referral, and treatment. Committee members use their expertise to develop evidence base recommendations to prevent future deaths.

Recommendations are organized based on "who" can implement changes: patients and families, healthcare providers, healthcare systems, birthing facilities, community organizations, policy makers, insurance carriers, public health agencies, and public health researchers. All individuals and systems must work together to improve maternal outcomes and reduce mortality. Specific recommendations for each entity can be found in the 2017-19 PAMR Report at **PartnersForFamilyHealth.org/PAMR**.

TOP RECOMMENDATIONS FOR PREVENTING SUD-RELATED DEATHS

The rate of Substance Use Disorder (SUD) among pregnant individuals diagnosed during labor and delivery admission quadrupled between 1999-2014. **Addressing substance use disorders before, during, and after pregnancy** can get pregnant and postpartum opioid users the help they need and prevent future deaths.

Review the recommendations below to learn how you can help prevent SUD deaths:

Patients, Families, and Friends of Opioid Users
- Know where to get Narcan and understand how to use it.

Healthcare Providers
- Ensure patients receive substance use screening as part of comprehensive prenatal and postpartum care.
- Access the Prescription Monitoring Program (PMP) before prescribing controlled substances.
- Offer or refer patients to Medication Assisted Therapy (MAT), which should be continued through at least one year postpartum.

Healthcare Systems
- Identify barriers that prevent mothers and newborns who were exposed to controlled substances during pregnancy from receiving coordinated care

Public Health Agencies
- Expand programs that work with pregnant individuals with SUD and their families to maintain the family nucleus through supportive services

For more data on maternal mortality, view the
2017-19 Pregnancy-Associated Mortality Review Report
PartnersForFamilyHealth.org/MaternalMortality

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