

# Pregnancy-Associated Mortality due to Drug Overdose

## Findings from the 2020-2022 Louisiana Pregnancy-Associated Mortality Review

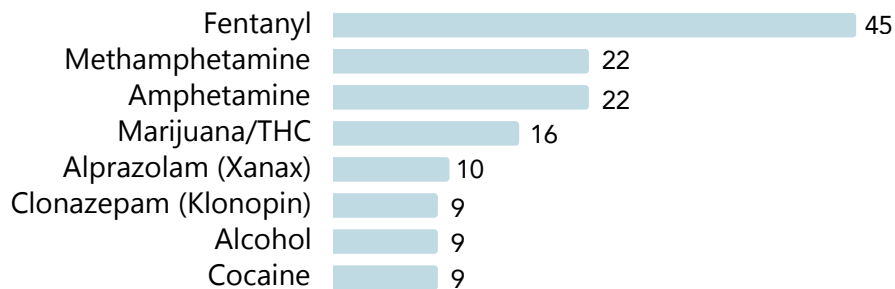
Between 2020 and 2022, drug overdose was the leading cause of pregnancy-associated death in Louisiana. This fact sheet presents a closer look at the pregnancy-associated deaths due to drug overdose to better understand the patterns, contributing factors, and opportunities for prevention. The findings highlight the ongoing need to strengthen and support treatment services for pregnant and postpartum women in Louisiana.



There were **58 pregnancy-associated deaths due to drug overdose** between 2020-2022.

### Substances Involved in Overdose Deaths

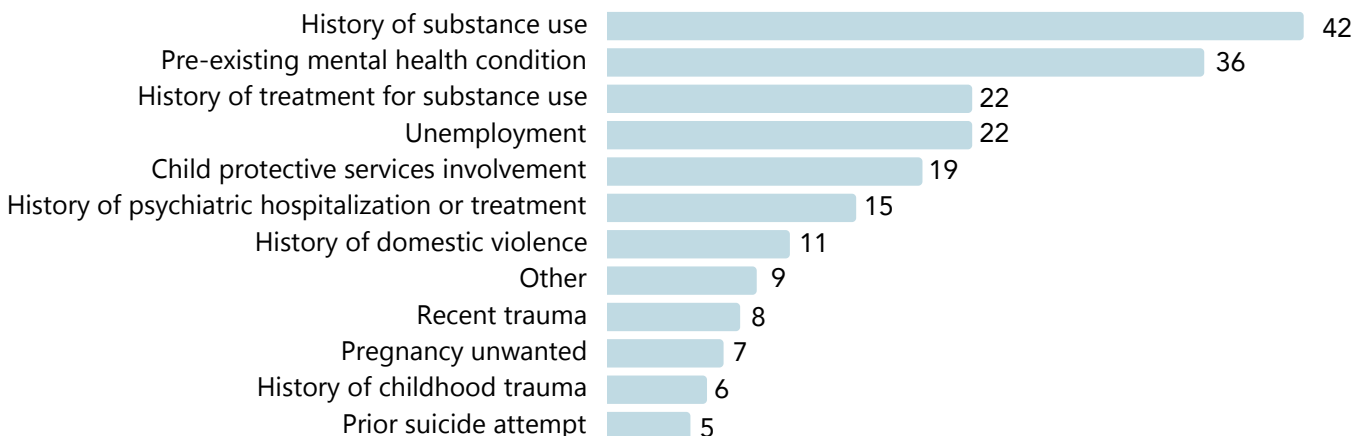
Of the 58 pregnancy-associated deaths due to drug overdose, nearly eight out of ten (78%) involved **fentanyl**.



\*NOTE: Multiple substances may be involved in a single overdose death. Other substances contributing to overdose deaths less frequently include other opioids, benzodiazepines, and stimulants, as well as anticonvulsants, antidepressants, antipsychotics, antihistamines, muscle relaxants, and barbiturates.

### History of Stress

Of the 58 women who died due to a drug overdose during or within one year of pregnancy, the majority had a history of **substance use (72%)** and/or a **pre-existing mental health condition (62%)**.



\*NOTE: Women may have experienced multiple life stressors

# Health Care Access



Of the 58 pregnancy-associated deaths due to drug overdose, over two-thirds (67%) were among women who were insured by Medicaid.

Most (78%) women who died of a drug overdose during or within one year of pregnancy attended at least one prenatal care visit.

Over one third (40%) of women who died of a drug overdose during or within one year of pregnancy had at least one emergency department encounter during that period.

## Drug Overdose Deaths by Region

Region	1	2	3	4	5	6	7	8	9
Number of pregnancy-associated deaths due to drug overdose	13	16	*	*	5	*	5	*	7

\*Counts of 1-4 are censored with an asterisk to maintain data confidentiality

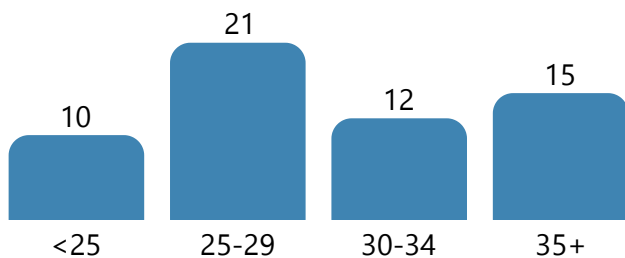
## Timing of Deaths

During pregnancy	0 to 42 days after pregnancy	43 days to 1 year after pregnancy
21%	8%	71%

Most (71%) pregnancy-associated deaths due to drug overdose occurred 43 days to one year after pregnancy.

## Deaths by Age

31 of the 58 pregnancy-associated deaths due to drug overdose occurred among women younger than 30 years old.



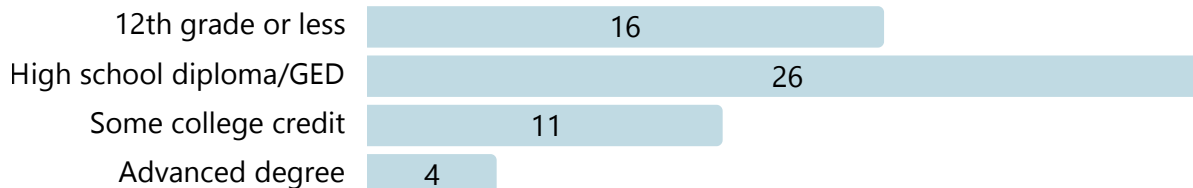
## Racial Disparities



Over half (57%) of the 58 pregnancy-associated deaths due to drug overdose were among non-Hispanic white women.

## Deaths by Education Level

42 of the 58 women who died from a drug overdose during or within one year of pregnancy had a high school diploma, GED (general educational development) credential, or less.



# Key Recommendations for Preventing Pregnancy-Associated Deaths Due to Drug Overdose

The Louisiana Pregnancy-Associated Mortality Review Committee determined that all deaths due to drug overdose were potentially preventable, and each death represents an opportunity for action.

Using evidence-based best practices and current national guidance, members of the Louisiana Pregnancy-Associated Mortality Review Committee developed recommendations to prevent pregnancy-associated deaths due to drug overdose. Below is a selection of key recommendations in the areas of screening, treatment, and overdose prevention.

## Screening



### For Health Care Professionals

- Obstetric providers should perform universal screening for substance use disorder and perinatal depression and anxiety, using a validated verbal screening tool during prenatal and postpartum visits.
- When patients screen positive for substance use, social workers should be consulted to help connect these patients through a warm handoff to mental health care and addiction resources.



### For Policy Makers

- To improve the accuracy of universal screening and encourage patients to disclose substance use, policymakers should enact legislation that protects pregnant and postpartum women from criminal penalties when they screen positive for substance use.

## Treatment



### For Health Care Professionals

- Health care providers prescribing medications for opioid use disorder (MOUD) should prescribe treatment for at least one year postpartum, provide naloxone, and collaborate with social workers to ensure patients are connected to a peer support navigator.
- Health care providers prescribing medications for mental health conditions should educate patients on the importance of adhering to their treatment regimen before, during, and after pregnancy, even if symptoms improve.
- When patients are seen in the emergency department after a nonfatal accidental overdose, in addition to providing naloxone, emergency department providers should coordinate care with addiction specialists via warm handoff, while substance use navigators should assist in ensuring follow-up to care.



### For Health Care Systems

- Health care systems should embed substance use navigators in the emergency department to facilitate linkages to and coordination of care with outpatient services.

## Overdose Prevention



### For Health Care Professionals

- When patients have a history of substance use disorder, health care providers should educate the patient and their support system on overdose prevention strategies.

### Cross-Cutting Collaboration

- Education, criminal justice, and public health officials should collaborate with community organizations to adequately fund and support the implementation of evidence-based best practices that reduce the initiation of substance use among adolescents.
- In collaboration with community-based organizations, public health agencies should increase the identification of and provision of resources for children experiencing adverse childhood events that are known to contribute to adverse health events later in life, such as substance use.



To view the full 2020-2022 Louisiana Pregnancy-Associated Mortality Review Report, including all recommendations for prevention, or for more information on the Louisiana Pregnancy-Associated Mortality Review process, visit [PartnersForFamilyHealth.org/MaternalMortality](https://PartnersForFamilyHealth.org/MaternalMortality) or scan the QR code below.

The 2020-2022 Louisiana Pregnancy-Associated Mortality Review Report was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$570,000 per year with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.