Criteria for mental health-related (including drug-related and suicide) deaths to be considered pregnancy-related

Pregnancy complications
1a) Increased pain directly attributable to pregnancy or postpartum events (e.g. back pain, pelvic pain, UTI/kidney stones, cesarean incision or perineal tear pain) leading to self-harm and/or use of prescribed or illicit drug use that are implicated in subsequent suicide or accidental death

1b) Traumatic event in pregnancy or postpartum (stillbirth, preterm delivery, diagnosis of fetal anomaly, traumatic delivery experience, removal of children from custody) with a temporal relationship between the event leading to self-harm or increased drug use and subsequent death

1c) Pregnancy related complication (preeclampsia/eclampsia, placental abruption) likely exacerbated by drug use leading to subsequent death

Chain of events initiated by pregnancy
2a) Cessation or attempted taper of substance use treatment/pharmacotherapy (e.g. methadone or buprenorphine) for pregnancy-related concerns (e.g. fetal risk, fear of child protective service involvement) leading to maternal destabilization, self-harm and/or drug use and subsequent death

2b) Cessation of medications (e.g. chronic pain medications, psychiatric medications) due to pregnancy-related concerns (e.g. neonatal withdrawal, fetal growth, congenital anomalies) leading to maternal destabilization, self-harm and/or drug use and subsequent death

2c) Inability to access inpatient or outpatient drug or mental health treatment due to pregnancy (e.g. providers uncomfortable with treating pregnant women, facilities not available that accept pregnant women)

2d) Post-partum depression, anxiety or psychosis resulting in maternal destabilization, self-harm and/or drug use and subsequent death

2e) Recovery/stabilization achieved during pregnancy or postpartum with clear statement in records that pregnancy was motivating factor with subsequent relapse and overdose due to decreased tolerance and/or multiple drug use (prescribed opioids and illicit or misused opioids) and subsequent death

Aggravation of an unrelated condition by the physiologic effects of pregnancy

3a) Worsening of underlying depression, anxiety or other psychiatric condition in pregnancy or postpartum period with documentation that mental illness led to self-harm and/or drug use and subsequent death

3b) Exacerbation, under-treatment or delayed treatment of pre-existing condition (e.g. chronic pain) in pregnancy or postpartum leading to self-harm and/or use of prescribed or illicit drugs resulting in death

3c) Medical conditions secondary to drug use (stroke or cardiovascular arrest due to stimulant use) in setting of pregnancy or postpartum that may be attributable to pregnancy-related physiology and increased risk of complications leading to death.