# Substance Use Among Pregnancy-Associated Deaths Massachusetts 2005–2014

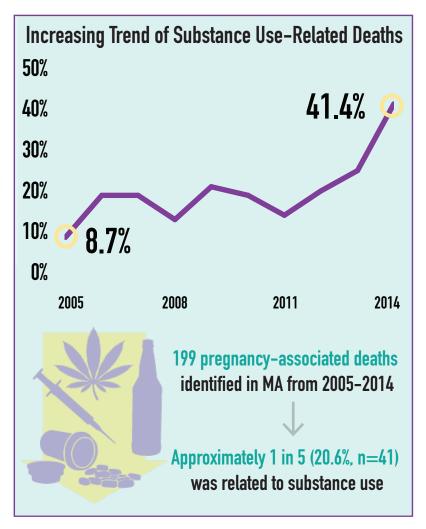
Substance Use-Related Death: Pregnancy-associated death in which ACUTE or CHRONIC substance use contributed directly to the death as indicated on the death certificate

Not limited to opioid use or overdose deaths

The total number of OPIOID OVERDOSE deaths in the Commonwealth has **INCREASED FIVE-FOLD** in the last 20 years

### **Types of Substances Identified** Among Pregnancy-Associated Deaths

Drug Category	% Substance Use-Related Deaths (N=41)
Opioids	<b>65.9</b> %
Cocaine	17.1%
Methamphetamine (methylphenidate, ritalinic acid)	2.4%
Benzodiazepines (benzodiazepine, alprazolam,	
clonazepam)	12.2%
Alcohol (ethanol)	4.9%
General/Unspecified (chronic substance abuse,	
polysubstance abuse, drug overdose)	24.4%



## A majority (90.2%) of the substance use-related deaths occurred in the postpartum period, between 42-<365 days postpartum

### **Addressing Substance Use Before, During,** and After Pregnancy:

- MDPH recommends screening all pregnant women through interviews using a standard tool at:
- The beginning of pregnancy
  - 28 weeks
  - Time the women presents for delivery
- Coordination between SUD treatment and obstetric providers following delivery is crucial as well as warm handoffs to on-going treatment such as:
  - Early Intervention Home visting
  - · Substance use and mental health treatment providers
  - Parenting classes

The Massachusetts Perinatal Quality Collaborative (MPQC) has published an online toolkit to support maternal health clinicians in using best practices to prevent, identify, and treat substance use disorders among pregnant women.



The content of this infographic is discussed in the "Substance Use among Pregnancy-Associated Deaths- Massachusetts, 2005-2014" brief on the Massachusetts Department of Public Health website.