

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.