



Department of Health and Mental Hygiene

Martin O'Malley, Governor
Anthony Brown, Lt. Governor
Joshua Sharfstein, MD, Secretary

Increase in Overdose Deaths Among Pregnant Women and New Mothers

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Background

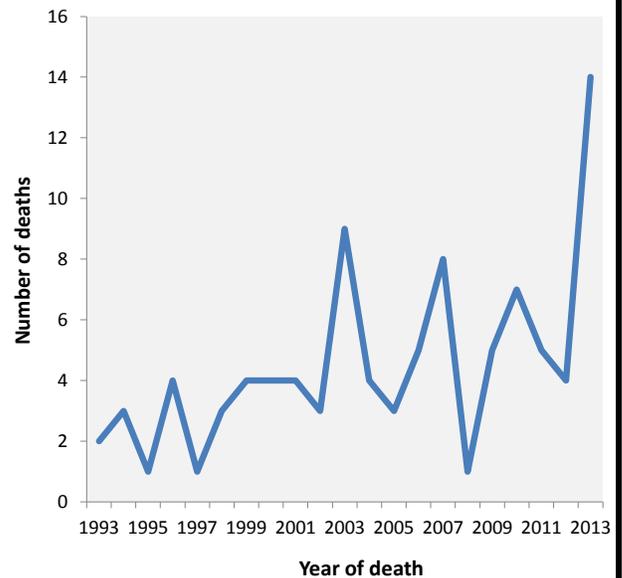
The number of pregnancy-associated deaths resulting from unintentional drug and alcohol overdoses rose sharply in Maryland in 2013. A pregnancy-associated death is defined as a death from any cause during pregnancy or within one calendar year of delivery or pregnancy termination, regardless of the duration or anatomical site of the pregnancy. Pregnancy-associated deaths include deaths commonly associated with pregnancy such as hemorrhage, pregnancy-induced hypertension and embolism, as well as deaths from nonmedical causes such as accidents, homicide and suicide.

Current Update

An average of three pregnancy-associated deaths a year resulted from unintentional drug or alcohol overdoses in Maryland prior to 2002, increasing to an average of five deaths per year during the period 2002-2012. In 2013 there were 14 pregnancy-associated deaths, more than triple the number that occurred in 2012. In comparison, the total number of overdose deaths occurring in Maryland increased by 7% between 2012 and 2013.

Since 2007, approximately 20% of pregnancy-associated overdose deaths have occurred during pregnancy, with the remainder occurring in the year following delivery. The majority of deaths (77%) have occurred among white women. Prescription opioids were involved in more than half of the pregnancy-associated

Unintentional Overdose-Related Pregnancy-Associated Deaths, 1993-2013.



overdose deaths occurring since 2007, and heroin in nearly a third of the deaths. In 2013, there were seven heroin-related deaths, the same number of deaths that occurred in the years 2007-2012 combined.

Reducing pregnancy-associated overdose death

Major efforts are underway to reduce pregnancy-associated overdose deaths in Maryland:

- ⇒ **Prioritization of Pregnant Women.** Recognizing the importance of treatment during pregnancy, the Department of Health and Mental Hygiene requires state-funded substance use disorder treatment programs to provide pregnant women with services within 24 hours of request. The Department also has increased the number of patients in State-funded substance use treatment programs by 26%. *Individuals interested in learning more about treatment options should call 2-1-1.*
- ⇒ **Innovative Pilot Programs.** The Department is undertaking two innovative pilots to improve substance use treatment providers' ability to treat women while pregnant: 1) Developing a core training program for substance use treatment providers on best practices for treating pregnant women; and 2) Providing an expert consultative service via telephone to directly address management issues. Both services will be provided by physicians board certified in both obstetrics and addictions medicine.
- ⇒ **Prescription Drug Monitoring Program (PDMP).** The Department launched the PDMP to support health care providers and their patients in the safe and effective use of prescription drugs. Use of prescription information improves providers' ability to manage the benefits and risks of controlled substance medications and identify potentially harmful drug interactions. The Department encourages all providers to register and use the PDMP.
- ⇒ **Comprehensive Women's Health.** The O'Malley-Brown Administration continues to invest in the transition to the comprehensive women's health model, which ensures that pregnant women and women of childbearing age receive services in addition to reproductive health care, including screening and referral for substance abuse treatment and mental health, among others.