

Potentially Preventable: Maternal Deaths Secondary to Opioid Use Disorder (OUD) Following Delivery of Their Infants

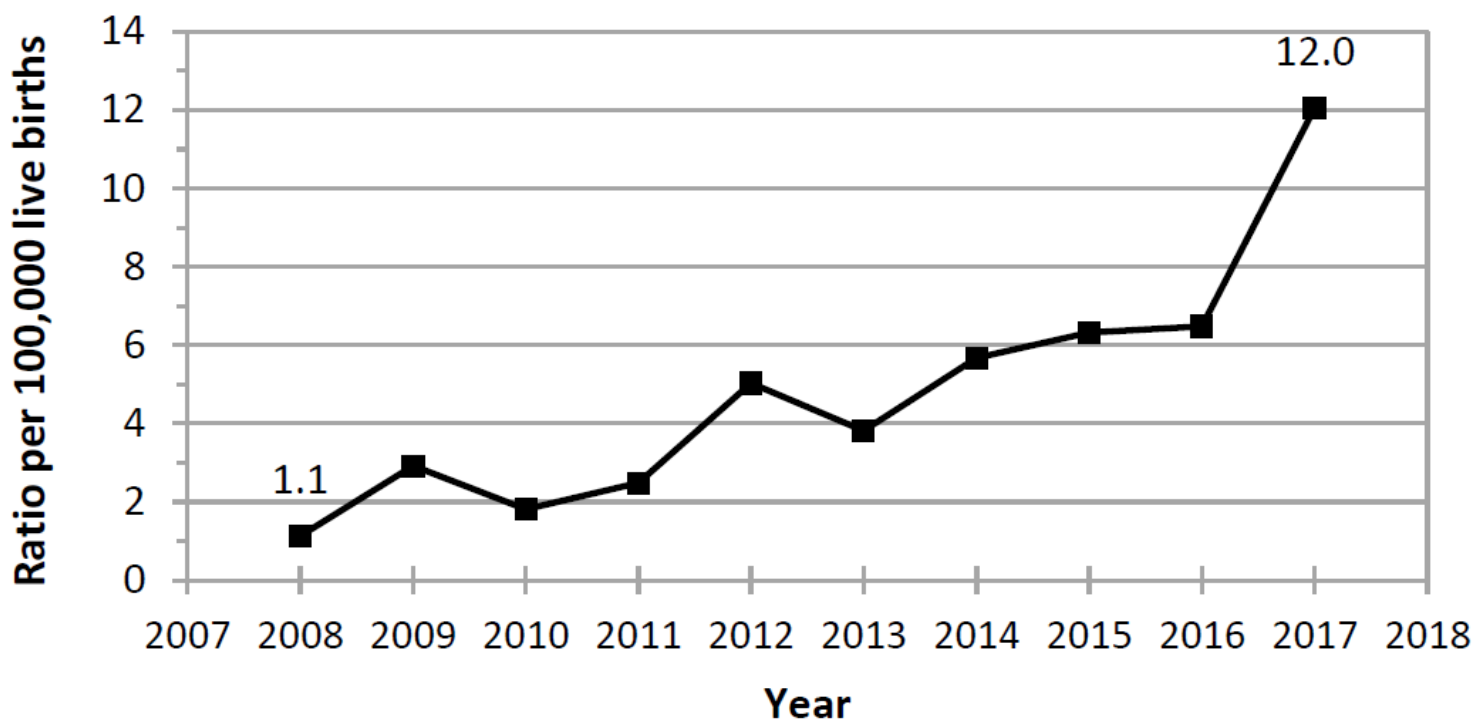
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I just attended the Illinois Perinatal Quality Collaborative (ILPQC) Face-to-Face Meeting last week in Springfield, IL, and was again overwhelmed by the presentation during which maternal death due to drug poisoning was discussed. In 2017, Pregnancy-associated deaths related to opioid poisoning increased 10-fold over a 9- year period. The pregnancy-associated mortality ratio related to opioid poisonings nearly doubled in just one year from 2016 to 2017. (1)

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The goals of the ILPQC Mothers and Newborns affected by Opioids – Obstetric (MNO-OB) quality improvement (QI) initiative are to identify pregnant women with opioid use disorder (OUD) prenatally or during delivery admission, link them to medication-assisted treatment (MAT) and behavioral health counseling/recovery services, and utilize the OUD clinical care checklist. Women with OUD receiving MAT and recovery services reduces maternal overdose deaths, improves pregnancy outcomes, and increases the number of women who can parent their infants. Hospital teams participating in the MNO-OB initiative are working on active clinical culture change to help clinical care teams recognize that OUD is an urgent obstetric issue and a life-threatening chronic disease with lifesaving treatment available with benefit to both pregnant and postpartum women and their infants. In addition, the neonatal teams working on the MNO-Neonatal Initiative are focused on improving care of opioid exposed newborns by better engaging pregnant, and postpartum women with OUD, including breastfeeding, active involvement of women in the non-pharmacological care of their infants should the baby develop neonatal abstinence syndrome (NAS), and engagement in coordinated discharge planning for mother and infant. Recent

Pregnancy-Associated Mortality Ratio for Opioid-Related Poisoning Deaths, Illinois Residents, 2008-2017



Data Source: Illinois death certificates, 2008-2017

Chart Source: Data Snapshot: Opioid Poisoning Deaths among Illinois Women of Reproductive Age, IDPH Office of Women's Health and Family Services, March 2019

studies have demonstrated that newborn infants born to women with OUD receiving MAT have a significantly less severe NAS clinical course compared with newborns born to women with OUD who are not on MAT. (2,3)

References:

1. <http://www.dph.illinois.gov/sites/default/files/publications/opioid-deaths-among-women-repro-age.pdf>
2. Zedler BK, Mann AL, Kim MM et al. Buprenorphine compared with methadone to treat pregnant women with opioid use disorder: A systematic review and meta-analysis in the mother, fetus, and child. *Addiction* 2015; 111:2115-2128.
3. Kraft WK, Adeniyi-Jones SC, Chervoneva I, Greenspan JS et al. Buprenorphine for the treatment of the neonatal abstinence syndrome. *New Eng JI Med.* 2017; 376:2341-2348.

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Summarize the pearl for emphasis.

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