NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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Acting Commissioner

2024 Health Advisory #31: Overdose is the Leading Cause of Pregnancy-Associated Death in NYC

Please distribute to all clinical staff in obstetrics, family medicine, nursing, pediatrics, substance use disorder clinics, psychiatry (including nurse NPs), primary care, emergency medicine, behavioral health, pharmacy, and social work.

- In its 2024 report, the NYC Maternal Mortality Review Committee (MMRC) determined that more than 90% of all pregnancy associated deaths were preventable. Over three-quarters of pregnancy-associated overdose deaths from 2016-2020 involved an opioid.
- Maternal overdose rates reflect overall rates – in 2022, overdose was ranked the 4th leading cause of death, moving up 6 spots from 2010. From 2019 to 2022, overall overdose deaths more than doubled, especially for Black and Latino New Yorkers.
- During this period, Black non-Latino women and people who can become pregnant accounted for 29% of overdose deaths, Latino and white non-Latino each accounted for 35% of overdose deaths.
- Nearly a quarter (23.5%) of pregnancy-associated overdose deaths occurred during pregnancy; approximately 18% occurred within 42 days after pregnancy, and approximately 60% occurred between 43 days and 1-year postpartum.
- In 2021, overdoses accounted for 34.5% of the 58 total pregnancy-associated deaths, most of which involved opioids (80%), compared to the 14.1% of pregnancy-associated deaths (n=241) related to overdoses from 2016-2020.

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Dear Colleagues,

Increased isolation during the pandemic and an influx of fentanyl in the drug supply significantly increased overdose rates for both pregnant and overall New Yorkers in 2021 and 2022. The recently released 2022 HealthyNYC data as well as the recent 2024 MMRC report serve as a call to action for all providers to play a role in reducing the risk of overdose among New Yorkers, especially for pregnant and postpartum people where the majority of these deaths are preventable.

CAPTA CARA is a federal regulation that requires the creation of safe care plans for newborns who may be impacted by substance use from their families or caregivers and support of the person who gave birth. Providers should conduct universal verbal screenings using a validated tool for substance use, substance use disorders, and co-morbid mental health conditions with fully informed consent following NYS Guidance on CAPTA CARA. In order to avoid stigma and missed cases, substance use screens should not be limited to pregnant people with disruptions in prenatal care and/or prior adverse pregnancy outcomes.

Toxicology or biologic testing should **only** be performed with fully informed consent and as a therapeutic tool of medical treatment for pregnant and postpartum people or their infant. Therapeutic need for toxicological or biological testing of pregnant/postpartum people could include: self-report of substance use, assessment for substance use treatment planning or placement, or symptoms of neonatal abstinence syndrome. Subjective suspicion of drug use, which can be influenced by explicit and implicit bias, is not a medical basis for toxicology testing.

Discussions of initiating buprenorphine or methadone for pregnant people with opioid use disorder (OUD) should occur as soon as possible so timely referrals to OUD treatment prescribers can be made. Medications for Opioid Use Disorder (MOUD) are lifesaving and can be used safely during pregnancy and lactation with appropriate prenatal care and treatment for substance use and mental health problems. In most cases, clinicians can strongly recommend continuing MOUD during pregnancy and/or postpartum, as individuals who stop these medications are at drastically increased risk of death from overdose or other complications of drug use. With consent of the individual, maintain ongoing communication between MOUD providers and obstetricians, particularly during prenatal care to ensure that the MOUD provider understands how pregnancy affects the client's medication needs. Pregnant people with OUD should also be provided with naloxone and other overdose prevention resources. Administering naloxone to a pregnant person can prevent opioid overdoses.

Screening for substance use should continue throughout postpartum. For postpartum people undergoing OUD treatment, breastfeeding should be encouraged as it has been associated with decrease severity in neonatal abstinence syndrome, less pharmacotherapy intervention, and decreased hospital stay for infants.

For more data and detailed recommendations, review the most recent maternal morality reports linked below:

- Pregnancy-Associated Mortality in New York City, 2016-2020
- Pregnancy Associated Mortality in NYC 2021

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