

Study teases out factors associated with postpartum overdose

November 13 2019



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Massachusetts researchers have published a new study in the journal *Addiction* that uncovers several risk factors associated with postpartum opioid overdose. The factors include a history of overdose during pregnancy, a diagnosis of opioid use disorder (OUD), neonatal opioid withdrawal, and greater than average use of emergency care in year

before the birth. The study is a follow-up to a 2018 study that found opioid overdose rates decline as women progress through pregnancy but rise significantly after they give birth.

Another key finding of the study was that OUD, as measured by an insurance claim in the year before the birth, was identified in only 46.6 percent of the cases. This suggests potential pathways for supporting families are critical both during pregnancy and after birth. This suggests that the diagnosis claim of OUD may have been underreported in the data set or more likely, some women were not screened for OUD during pregnancy, were fearful of disclosing their substance use disorder to their prenatal provider, or started using substances after delivery.

"The [postpartum](#) period is a vulnerable time for women during which their [health](#) needs often go unaddressed," said Davida M. Schiff, MD, MSc, of Massachusetts General Hospital's (MGH) Division of General Academic Pediatrics and senior author of the study. "We have an opportunity to make this screening a priority among pediatricians, home visiting programs, and early intervention providers who frequently interact with postpartum women and families, the same way we screen for postpartum mood disorders," she said.

It is crucial, she added, that once the screening occurs, supportive, nonpunitive systems be in place to help those families in need of treatment. "It's not enough to just screen," Schiff said. "We have to do a better job of providing the kind of supportive care we would for any other chronic health problem."

Among women who did not have a diagnosis of OUD, other factors positively associated with postpartum [overdose](#) included white non-Hispanic race, being unmarried, having [public insurance](#), delivering by C-section, involvement in publicly funded addiction treatment programs, incarceration, and infant preterm or low-birth weight delivery.

Researchers looked at the medical history of about 175,000 women in the year before and the year after they delivered babies in Massachusetts, and identified 189 who had at least one postpartum opioid overdose.

"We found the rate of postpartum overdose, both fatal and nonfatal, is uncommon, but certain [women](#) are at increased risk," said lead author Timothy Nielsen, MPH, a doctoral student at the University of Sydney and former epidemiology fellow at the Massachusetts Department of Public Health. "Given the significant morbidity related to opioid overdose, we should do our best to support the most vulnerable mothers in the year following delivery."

A unique dataset made this study possible. In 2015, the Massachusetts Department of Public Health linked statewide resources including [hospital discharge data](#), ambulance trip records, birth and [death certificates](#), and addiction treatment data, creating a rich array of data sources which illustrated multiple factors contributing to postpartum overdose.

"Data from our innovative Public Health Data Warehouse has enabled us to gain a deeper understanding of the [opioid](#) crisis and better target our resources," said Massachusetts Commissioner of Public Health Monica Bharel, MD, MPH, a co-author of the paper. "This collaboration is an example of our data-driven approach to the epidemic as it impacts the health of mothers, babies, and families."

More information: Timothy Nielsen et al, Maternal and infant characteristics associated with maternal opioid overdose in the year following delivery, *Addiction* (2019). [DOI: 10.1111/add.14825](https://doi.org/10.1111/add.14825)

Provided by Massachusetts General Hospital

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