



# SUICIDE AND OVERDOSE: THE LEADING CAUSE OF DEATH FOR NEW MOTHERS



**American  
Foundation  
for Suicide  
Prevention**



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**



# SESSION GUIDELINES



Only featured speakers and presenters can speak or be seen. All participants are on mute and have cameras turned off.



Questions will be handled in the breakout rooms.



For technical support, private message “Tech Support” in the chat feature.



Recordings and slides will be posted to MMHLA’s website. Look for a follow up email from MMHLA when they are available.

# SPEAKERS



**Adrienne Griffen, MPP**  
Maternal Mental Health  
Leadership Alliance



**Rachel Pryor, JD, MSW**  
Department of Health  
and Human Services



**Caryn Marks, MPP**  
Department of Health  
and Human Services



**Jameta Nicole Barlow,  
PhD, MPH**  
The George  
Washington University



**Karen  
Sheffield-Abdullah  
PhD, RN, CNM**  
University of North  
Carolina at Chapel Hill

# ADRIENNE GRIFFEN

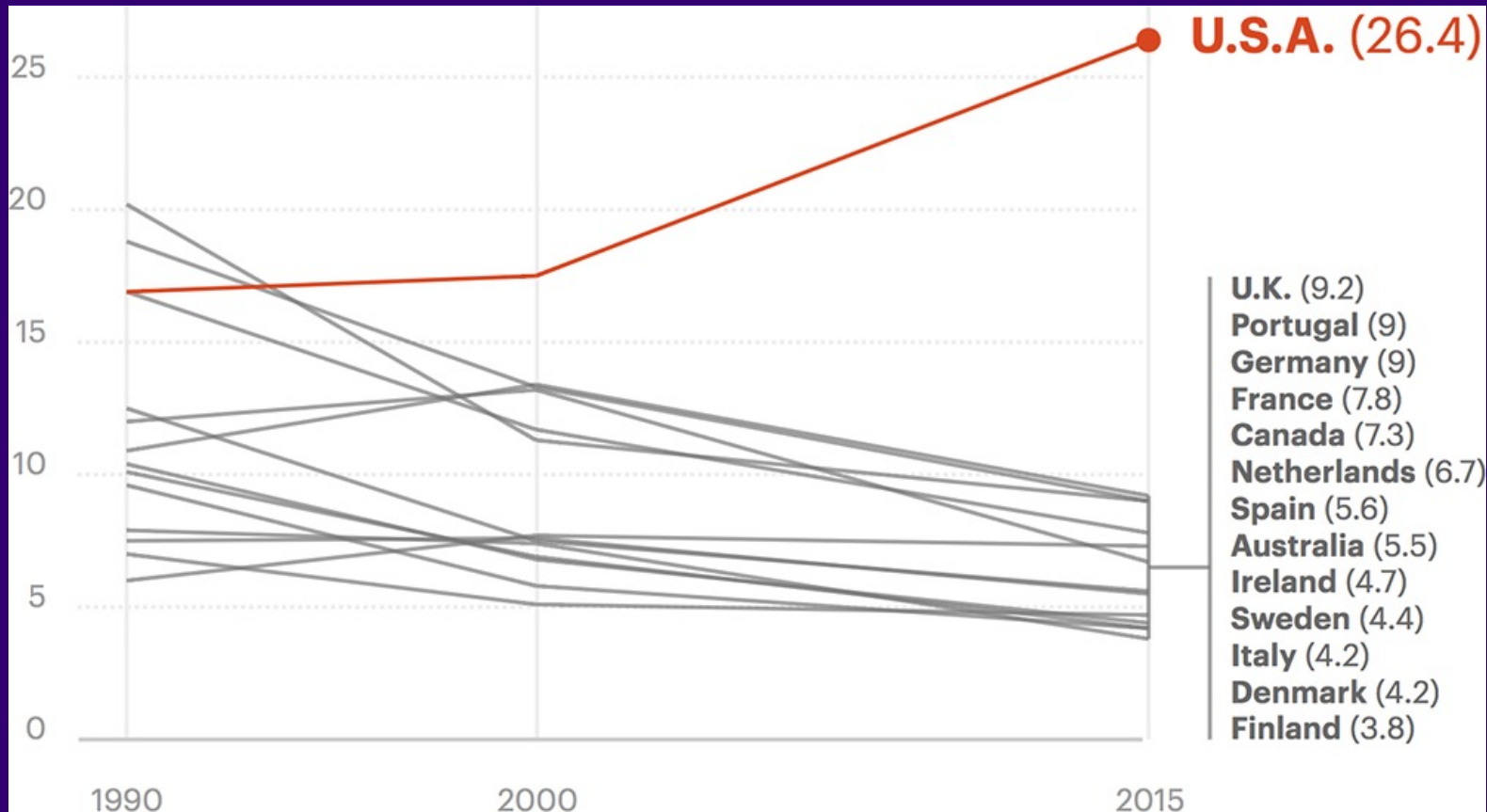
MATERNAL MENTAL HEALTH  
LEADERSHIP ALLIANCE



# MATERNAL SUICIDE

Adrienne Griffen  
Maternal Mental Health Leadership Alliance  
agriffen@mmhla.org  
571-643-2738

# MATERNAL MORTALITY IN THE U.S.



The U.S. ranks  
**LAST**  
among industrialized  
nations in maternal  
mortality rates

Maternal mortality:  
deaths per  
100,000 births

Our maternal mortality rate is a national embarrassment. *The Washington Post*

# MATERNAL MENTAL HEALTH CRISIS

**SUICIDE &  
OVERDOSE**

are the  
**LEADING CAUSES  
OF DEATH**  
for new mothers

**MENTAL HEALTH  
CONDITIONS**

are the  
**MOST COMMON  
COMPLICATIONS**  
of pregnancy & childbirth

# FACTS ABOUT MATERNAL MENTAL HEALTH

Byatt et al, 2015; Ko et al., 2017;  
Luca et al., 2020; Zivin et al, 2020;  
Centers for Disease Control, 2020;  
National Institute of Mental Health, 2013

1/5



women will experience MMH during pregnancy or first year following



of women who experience MMH symptoms go untreated

**Annual cost of not treating MMH**

is \$32,000 per mother-infant pair (adding up to \$14 billion nationally)

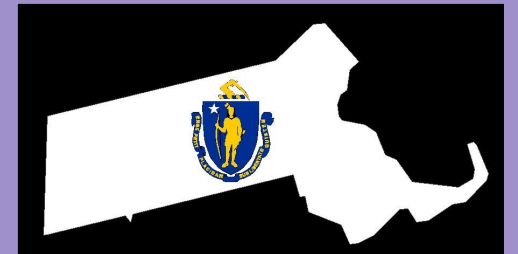




# MATERNAL SUICIDE

## NEW MOTHERS WHO COMMIT SUICIDE...

- Die in the late postpartum period (peak incidence is 6-9 months postpartum)
- Use the most lethal means (hanging, gunshot, jumping)
- Do not attend postpartum obstetric visit (< 50% )
- Visit the ED within a month of suicide (> 50% )
- Had a documented suicide attempt (34%)
- Massachusetts:
  - 50% had documented mental health diagnosis
  - 92% were documented prior to delivery



Davis et al, 2019.

Mez et al, 2016.

Goldman-Mellor and Margerison, 2019.

Massachusetts Department of Public Health, 2017.

# ADDITIONAL STRESSORS

## HOW DO I...

Avoid COVID?

Feed my infant?

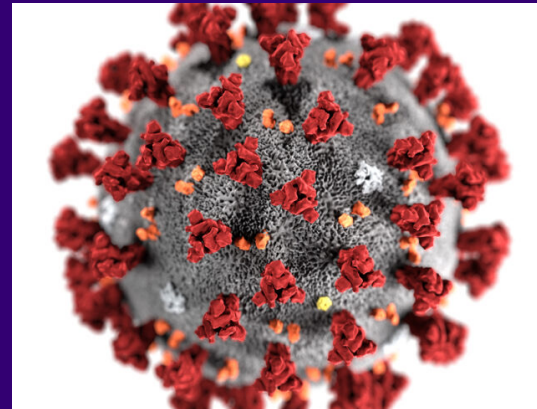
Take time to heal?

Work from home?

Teach my children?

Keep everyone safe?

Find reproductive care?



How is it possible

-- when we spend 20% of GDP on healthcare –  
that we are failing our nation's mothers?

# NATIONAL MMH HOTLINE



## 1-833-9-HELP4MOMS 1-833-943-5746

- 24 /7 / 365, voice and text
- English and Spanish; 60 additional languages
- Services:
  - Education and support
  - Brief intervention
  - Information and resources
- Staffed by:
  - Licensed and credentialed mental health, healthcare, and childbirth professionals
  - Certified peer specialists

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

# RACHEL PRYOR

U.S. DEPARTMENT OF HEALTH  
& HUMAN SERVICES



# CARYN MARKS

U.S. DEPARTMENT OF HEALTH  
& HUMAN SERVICES



**DR. JAMETA  
NICOLE BARLOW**

THE GEORGE WASHINGTON  
UNIVERSITY



WEDNESDAY, SEPTEMBER 7, 2022

# maternal mental health leadership alliance

## SUICIDE AND OVERDOSE: THE LEADING CAUSE OF DEATH FOR NEW MOTHERS

*remember, reevaluate, redesign, reimagine*

**jameta nicole barlow, PhD, MPH C'2003, RYT® 200**

Assistant Professor of Writing  
Health Policy & Management

Women's, Gender & Sexuality Studies  
The George Washington University

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON, DC

Immediate Past Chair, Committee on Women in Psychology  
American Psychological Association

Scholar-in-Residence, Black Women's Health Imperative

Strategic Partnership and Communications Advisor, Council on Black Health

Website: [www.jametabarlow.com](http://www.jametabarlow.com)



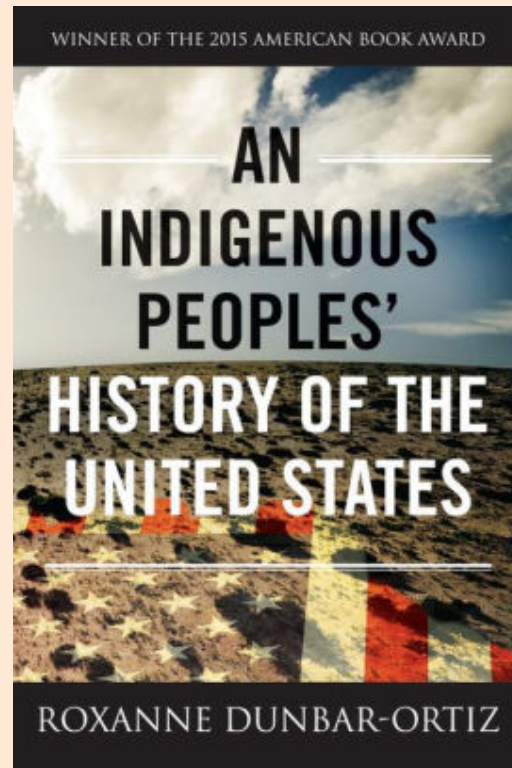
@allaboutafya

#ReclaimingBGWH #ReimaginingBGWH





remember, re-evaluate, redesign, reimagine



“...’Nation. race. and class converged in land” Everything in US history is about the land--who oversaw and cultivated it, fished its waters, maintained its wildlife, who invaded and stole it; how it became a commodity (“real estate”) broken into pieces to be bought and sold on the market..

the history of the United States is a history of settler colonialism--the founding of a state based on the ideology of white supremacy, the widespread practice of African slavery, and a policy of genocide and land theft.”

**RESTORING OPTIMAL BLACK MENTAL HEALTH AND REVERSING INTERGENERATIONAL TRAUMA IN AN ERA OF BLACK LIVES MATTER**

JAMETA NICOLE BARLOW

Grandma was born moments before her mother took her last breath. The year was 1934. Her mother, my paternal great-grandmother, made a life-long promise with her husband’s sister to take care of one another’s children if one of them died. This was a time when maternal mortality was very common. My great grandmother knew this threat was very real. This was also a time in the American South when there weren’t many public resources, such as orphanages, available for Black Americans to care for children. Too often, American Blacks experienced “separate but equal” public resources that were too often separate yet unequal. In a Southern city like the one in which my grandmother was born, there were even more limited resources for Black people. Thus, many Black families informally adopted children, often children to whom they weren’t even related. I have several family members who I have learned are not biological family. Still, they are my family. My grandmother was born thirteen years after the Promotion of the Welfare and Hygiene of Maternity and Infancy Act, also known as the Sheppard-Towner Act, which provided maternity and child-care funding. Arguably, this act of legislation also served as a catalyst toward marginalizing the role of Southern Black midwives and elevating the role of medical doctors in obstetrics and gynecology. Prior to this act, Black midwives were the first stop for childbirth, as the reputation of medical doctors for childbirth was generally low. While the act did attempt to improve the conditions and care for mothers, it also subjected midwives to regulations that were often inextricably tied to literacy and medical training, which Southern Black midwives often didn’t have. By requiring Southern Black midwives, who caught babies for nearly three hundred years in what became the United States, to conform to such new regulations

Biography, vol. 41, no. 4, Fall 2018 © Biographical Research Center



The Sankofa Bird reminds us that we must continue to move forward as we remember our past. And at the same time we plant a seed for the future generations that come after us.



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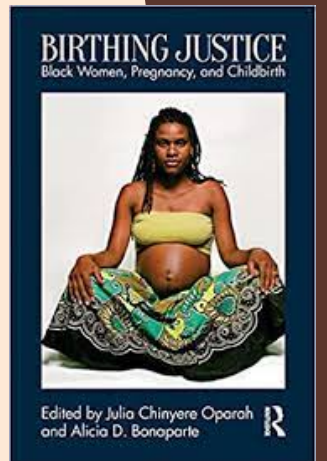
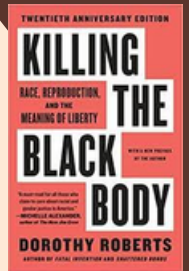
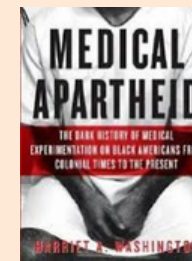
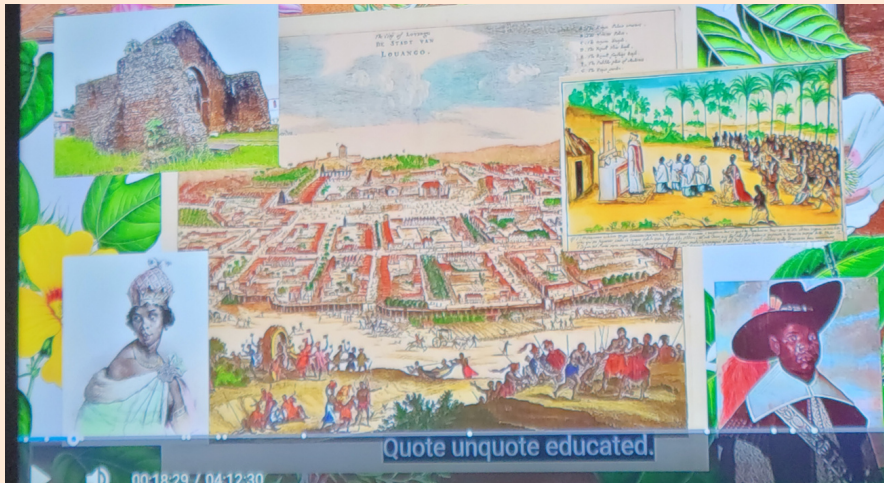
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# remember

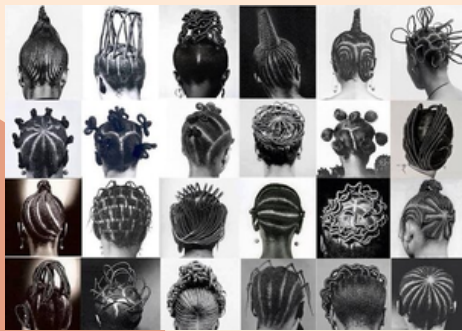
## BLACK HEALTH HISTORY



West African/Granny Midwives/  
Midwifery Clubs  
(science, social work, health)  
Onesimus

American Medical Association  
Dr. J Marion Sims (Montgomery, AL)  
Dr. F. Lipton (Selma, AL)  
Dr. C.H. Mastin (Mobile, AL)

Freedmen's Bureau  
Colored Women's Clubs  
U.S Apartheid/Segregation  
Jim and Jane Crow  
National Medical Association  
1910 Flexner Report  
1921 Sheppard Towner Act  
U.S. Public Health Service Syphilis Study at  
Tuskegee  
The Civil Rights Act of 1964



TransAtlantic Slave Trade  
Robert Beverley, "Of the Servants and  
Slaves in Virginia," The History and  
Present State of Virginia, 1705 (first  
ed.).

Act Prohibiting Importation of Slaves of  
1807

Pregnant women and hole digging  
Reconstruction



white supremacy  
(ideology)

Racism  
(system and manifestation)



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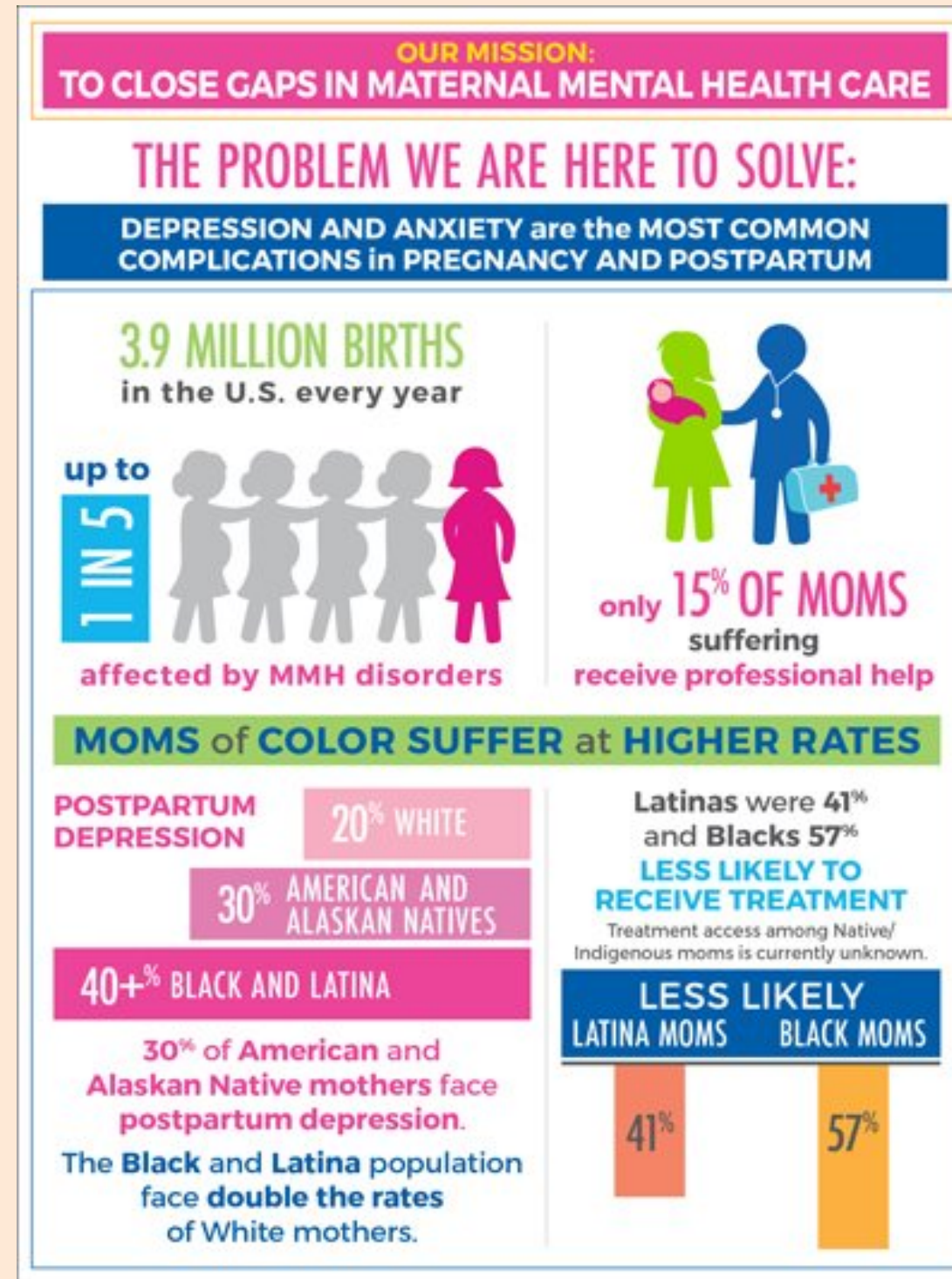
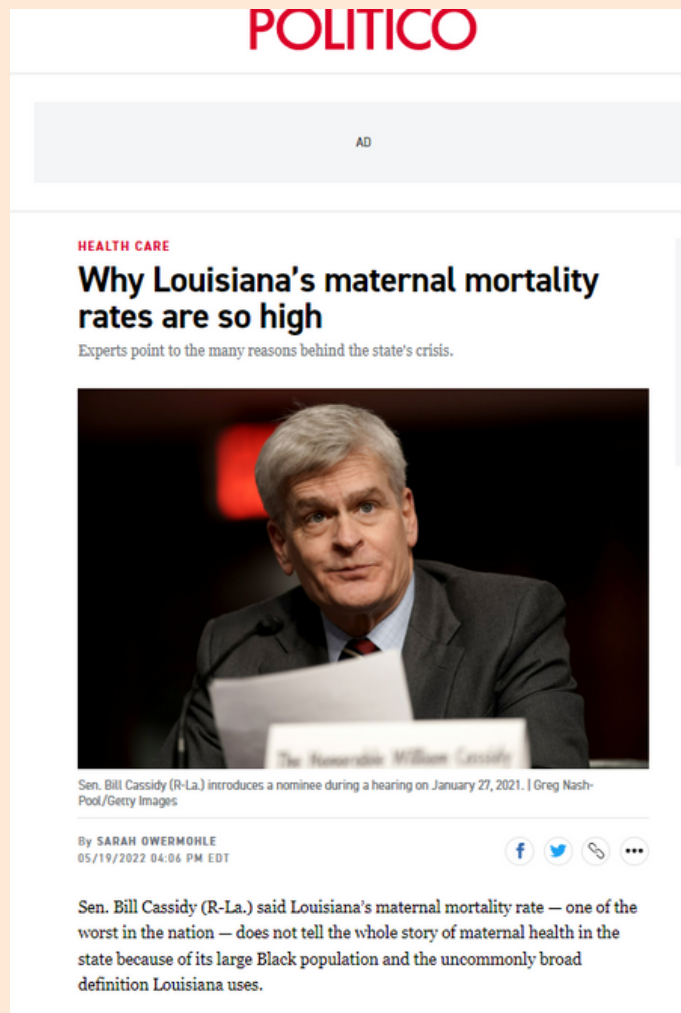
"I know no error more consuming to an estate  
than that of stocking farms with men almost  
exclusively. I consider a woman who brings a  
child every two years as more profitable than the  
best man of the farm. what she produces is an  
addition to the capital, while his labors disappear  
in mere consumption."

Extract from Thomas Jefferson's Letter  
to John Wayles Eppes  
June 30, 1820



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measurement. population. access to services



source: <https://www.2020mom.org/our-work>

## American Psychological Association Uses ACS Data to Identify Need for Mental Health Services, Education, and Training

MAY 11, 2021

Luona Lin and Alexandra Ginsberg, American Psychological Association

### Data Story

The psychologist workforce should adequately reflect the changing demographics of the U.S. population so it can be better equipped to address the mental health service needs of the increasingly diverse U.S. population.

The American Psychological Association (APA) Center for Workforce and Education Research, in partnership with IHS Markit, a business information science and professional services company, analyzed data from the U.S. Census Bureau's American Community Survey (ACS) to identify the need for mental health services, education, and training among the psychology workforce and educational pipeline.



To further examine whether the psychology workforce will be able to meet future population health needs, APA collaborated with IHS Markit, a business information organization, to examine workforce projections from 2015 to 2030 based on ACS data. In particular, the projections indicated large demand increases among racial/ethnic minorities between 2015 and 2030, with an increase of 30% within the Hispanic population and 11% within the Black/African American population.

source: <https://www.census.gov/programs-surveys/acs/about/acs-data-stories/psychologists.html>

### NEW RESEARCH

## Black Youth Suicide: Investigation of Current Trends and Precipitating Circumstances

Arielle H. Sheftall, PhD, Fatima Vakil, BS, Donna A. Ruch, PhD, Rhonda C. Boyd, PhD, Michael A. Lindsey, PhD, Jeffrey A. Bridge, PhD

**Objective:** Suicide among Black youth is a significant public health concern, yet research investigating the epidemiology of suicide in this population is limited. This study examines current trends and precipitating circumstances of suicide by sex and age group in Black youth 5 to 17 years of age, using 2 national databases.

**Method:** Data from the Web-based Injury Statistics Query and Reporting System (WISQARS) and the National Violent Death Reporting System (NVDRS) were used to investigate trends and precipitating circumstances of Black youth suicide from 2003 to 2017. We hypothesized suicide rates would increase over time for both sexes and all age groups (5-11, 12-14, and 15-17 years), and precipitating circumstances would differ by sex and age group. Trend analyses were conducted using Joinpoint regression software, version 4.8.0.01 (Surveillance Research Program, National Cancer Institute). Sex and age group comparisons of characteristics and precipitating circumstances were conducted using standard univariate statistical tests.

**Results:** From 2003 to 2017, Black youth experienced a significant upward trend in suicide with the largest annual percentage change in the 15- to 17-year age group and among girls (4.9% and 6.6%, respectively). Mental health problems, relationship problems, interpersonal trauma and life stressors, and prior suicidal thoughts/behavior were the most common clinical characteristics and precipitating circumstances, with several varying by sex and age group.

**Conclusion:** Increases in Black youth suicide calls for the prioritization of research aimed at identifying specific risk and protective factors as well as developmental mechanisms associated with Black youth suicidal behavior. To implement effective suicide prevention programming, understanding targets for intervention is necessary.

**Key words:** Black youth suicide, NVDRS, age- and sex-specific trends

J Am Acad Child Adolesc Psychiatry 2021; ■(■):■-■.

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Jameta Nicole Barlow, PhD, MPH, RYT® 200

[www.jametabarlow.com](http://www.jametabarlow.com)

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In 2018, researchers noted an increase in suicides among Black children over the last decade, but a new study shows that the biggest rise — nearly 7% a year from 2003 to 2017 — is among Black girls

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ELSEVIER

Women and Birth  
Available online 17 June 2022  
In Press, Corrected Proof

Review article

# The effect of COVID-19 lockdowns on women's perinatal mental health: a systematic review

Stephanie Wall & Maria Dempsey

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doi.org/10.1016/j.wombi.2022.06.005

Journal of Clinical Medicine

MDPI

Review

## Perinatal Mental Health during COVID-19 Pandemic: An Integrative Review and Implications for Clinical Practice

Julia Suwalska<sup>1,\*</sup>, Maria Napierala<sup>2</sup>, Pawel Bogdański<sup>1</sup>, Dorota Łojko<sup>2</sup>, Katarzyna Wszolek<sup>3</sup>, Sara Suchowiak<sup>2</sup> and Aleksandra Suwalska<sup>2</sup>

<sup>1</sup> Department of Treatment of Obesity, Metabolic Disorders and Clinical Dietetics, Poznan University of Medical Sciences, 60-569 Poznan, Poland; pbgodanski@ump.edu.pl  
<sup>2</sup> Department of Mental Health, Chair of Psychiatry, Poznan University of Medical Sciences, 60-572 Poznan, Poland; mnapierala@ump.edu.pl (M.N.); lojko@ump.edu.pl (D.L.); sara.suchowiak@o2.pl (S.S.); asuwalska@ump.edu.pl (A.S.)  
<sup>3</sup> Department of Mother and Child Health, Poznan University of Medical Sciences, 60-535 Poznan, Poland; katarzyna.wszolek@ump.edu.pl  
\* Correspondence: jsuwalska@ump.edu.pl

**Abstract:** The COVID-19 pandemic and measures implemented to decelerate its spread have consequences for mental health of societies. The aim of our review was to analyze depressive and anxiety symptoms in perinatal women. The search used PubMed and Web of Science databases. Most identified in our study were mainly related to the possibility of COVID-19 infection, changes in the organization of perinatal care, social isolation and financial problems. Protective factors included:

## Restoring Optimal Black Mental Health and Reversing Intergenerational Trauma in an Era of Black Lives Matter

Jameta Nicole Barlow

Biography, Volume 41, Number 4, Fall 2018, pp. 895-908 (Article)

Published by University of Hawai'i Press  
DOI: <https://doi.org/10.1353/bio.2018.0084>

DOI: 10.1377/hlthaff.2021.00779  
HEALTH AFFAIRS 40, NO. 10 (2021): 1534-1542  
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## OVERVIEW

# Policy Opportunities To Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions

By Jennifer E. Moore, Monica R. McLemore, Nadia Glenn, and Kara Zivin

**ABSTRACT** One in five pregnant or postpartum people has a diagnosed mood or anxiety disorder, which are the most common mental health illnesses that occur during the perinatal period. Untreated perinatal mental health conditions, encompassing pregnancy and the first five years of a child's life, carry a societal burden of \$14 billion per year in the US. This overview article describes the prevalence of perinatal mental health conditions; the implications of those conditions; and associated barriers to screening, treatment, and bias associated with mental health conditions. We offer six policy opportunities designed to overcome the barriers and support overall sexual and reproductive health: extending Medicaid coverage through twelve months postpartum; redesigning care and reimbursement through co-location of services; establishing coverage

healthline

Health Conditions Discover Plan Connect Shop SUBS

IN PARTNERSHIP WITH THE BLACK WOMEN'S HEALTH IMPERATIVE

## Uncovering the Trauma Pregnant Black Women Experience in the U.S.

Medically reviewed by Valinda Riggins Nwadike, MD, MPH — Written by Jameta Nicole Barlow, PhD, MPH, for the Black Women's Health Imperative on December 3, 2020

The articles in this collection were created by writers, editors, and experts in partnership with the Black Women's Health Imperative (BWHI).

Agenda  
Empowering women for gender equity

ISSN: 1013-0950 (Print) 2158-978X (Online) Journal homepage: <https://www.tandfonline.com/loi/ragn20>

## What The Health (WTH)?: Theorising Southern Black Feminisms in the US South

Jameta Nicole Barlow & Gabrielle P.A. Smith

To cite this article: Jameta Nicole Barlow & Gabrielle P.A. Smith (2019) What The Health (WTH)?: Theorising Southern Black Feminisms in the US South, Agenda, 33:3, 19-33, DOI: 10.1080/10130950.2019.1668725  
To link to this article: <https://doi.org/10.1080/10130950.2019.1668725>

Women's Health Issues 31-2 (2021) 91-95

ELSEVIER

## WOMEN'S HEALTH ISSUES

www.whjournal.com

Commentary

### Listen to Black Women: Do Black Feminist and Womanist Health Policy Analyses

Jameta N. Barlow, PhD, MPH<sup>a,b,\*</sup>, Breyia M. Johnson, MA<sup>a,b</sup>

<sup>a</sup>University Writing Program, The George Washington University, Washington, DC  
<sup>b</sup>Women's, Gender, & Sexuality Studies, The George Washington University, Washington, DC  
Article history: Received 30 April 2020; Received in revised form 29 October 2020; Accepted 2 November 2020

Check for updates

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Jameta Nicole Barlow, PhD, MPH, RYT® 200  
[www.jametabarlow.com](http://www.jametabarlow.com)  
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**PsychoHairapy: A Ritual of Healing Through Hair**

Medically reviewed by [Jacquelyn Johnson, PsyD.](#) —  
Written by [Jameta Nicole Barlow, PhD, MPH, for the Black Women's Health Imperative](#) on February 21, 2022

PsychoHairapy seeks to meet the need for improving Black girls' and women's emotional and mental health

Depression is one of the most common mental health conditions, and Black women have also been impacted. According to the [U.S. Department of Health and Human Services Office of Minority Health \(OMH\)](#), nearly 10% of Black women feel like "everything is an effort" compared with 6% of white women who feel this way.

In recent years, we've also seen a rise in the number of suicides, particularly among Black girls.

- Black adolescent females, in grades 9 through 12, were 60% more likely to attempt suicide in 2019, as compared with non-Hispanic white females of the same age, according to the [OMH](#).
- A [2021 study](#) reported a 6.6% increase in suicide from 2003 to 2017 for Black girls between ages 15 and 17 years old.

A new approach to mental health in historically marginalized communities might help lower these numbers.

PsychoHairapy is a unique approach that promotes ritual and centers healing and wellness as a collective way we can create cultural wraparound mental health services, especially when a therapist might not be available.

RESEARCH ARTICLE | MARCH 01 2018

**PsychoHairapy: Using Hair as an Entry Point into Black Women's Spiritual and Mental Health** ✓

[Afiya Mbilishaka](#)  
Meridians (2018) 16 (2): 382-392.  
<https://doi.org/10.2979/meridians.16.2.19>

THE NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

**Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms**

Darshali A. Vyas, M.D., Leo G. Eisenstein, M.D., and David S. Jones, M.D., Ph.D.

August 27, 2020  
N Engl J Med 2020; 383:874-882  
DOI: 10.1056/NEJMms2004740

RESEARCH ARTICLE | MARCH 01 2018

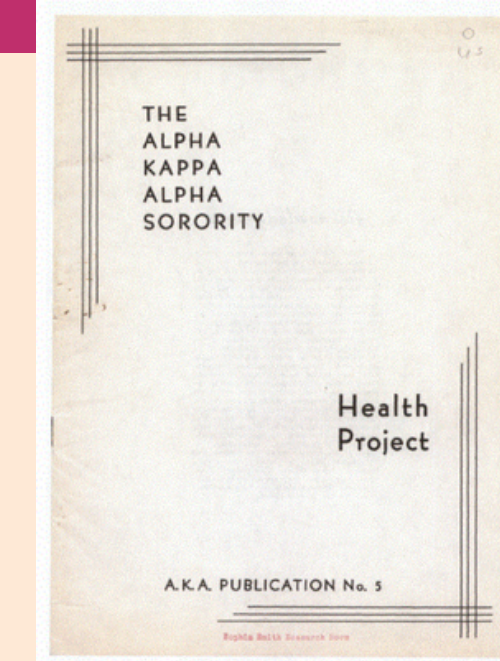
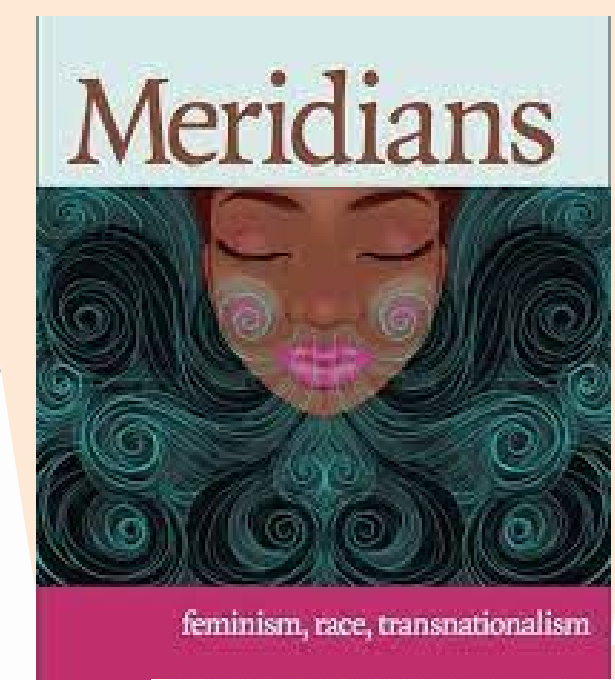
**Normalized Chaos: Black Feminism, Womanism, and the (Re)definition of Trauma and Healing** ✓

[Shawn Arango Ricks](#)  
Meridians (2018) 16 (2): 343-350.  
<https://doi.org/10.2979/meridians.16.2.15>

RESEARCH ARTICLE | MARCH 01 2018

**The Dance Chose Me: Womanist Reflections on Bèlè Performance in Contemporary Martinique** ✓

[Camee Maddox-Wingfield](#)  
Meridians (2018) 16 (2): 295-307.  
<https://doi.org/10.2979/meridians.16.2.10>



DUKE UNIVERSITY PRESS

Search...

**Meridians** feminism, race, transnationalism ISSUES

INTRODUCTION | MARCH 01 2018

**Speaking for Ourselves: Reclaiming, Redesigning, and Reimagining Research on Black Women's Health** ✓

[Jameta Nicole Barlow; LeConté J. Dill](#)  
Meridians (2018) 16 (2): 219-229.  
<https://doi.org/10.2979/meridians.16.2.03>

RESEARCH ARTICLE | MARCH 01 2018

**The Secret to Black Women's Health: Ask, Listen, Do** ✓

[Linda Goler Blount](#)  
Meridians (2018) 16 (2): 253-259.  
<https://doi.org/10.2979/meridians.16.2.06>

RESEARCH ARTICLE | MARCH 01 2018

**Institutional Strategies to Promote the Health of Black Women Survivors of Intimate Partner Violence** ✓

[Nkiru Nnawulezi; Carolyn M. West](#)  
Meridians (2018) 16 (2): 276-285.  
<https://doi.org/10.2979/meridians.16.2.08>

RESEARCH ARTICLE | MARCH 01 2018

**PsychoHairapy: Using Hair as an Entry Point into Black Women's Spiritual and Mental Health** ✓

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Meridians (2018) 16 (2): 382-392.  
<https://doi.org/10.2979/meridians.16.2.19>

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[www.jametabarlow.com](http://www.jametabarlow.com)  
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# resources

## Maternal MH Training Resources

Post Partum Support (PSI) International  
Perinatal MH Trainings and Certifications  
<https://www.postpartum.net/professionals/certification/>

ACOG's Maternal Mental Health Tool Kits  
<https://www.acog.org/programs/perinatal-mental-health>

American Psychiatric Association's Mental Health Needs Assessment in  
the Management of Perinatal Psychiatric Disorders  
<https://psychiatry.org/psychiatrists/research/mental-health-needs-assessment-in-the-management-o>

APA-Psychology CE courses

DC Collaborative for Mental Health in Pediatric Primary Care (the  
Collaborative)  
Perinatal Mental Health Toolkit for  
Pediatric Primary Care  
<https://www.dchealthcheck.net/documents/PMH%20Toolkit%20Spring%202020.pdf>

MCPAP for Moms trainings and toolkits

EHCO Perinatal Mental Health Trainings

CDC - is working with AGOG and APA-Psychiatry

Massachusetts General Hospital  
Perinatal Psychiatry: In-Depth Modules for Enhanced Approaches  
<https://mghcme.org/events/perinatal-psychiatry-in-depth-modules-for-enhanced-approaches-may-2022/>.

## Maternal Mental Health Service Delivery Training

MCPAP for Moms

1.

**Thank you for your attention!**

**Contact me:**

**Jameta Nicole Barlow, PhD, MPH, RYT® 200**

**[jnbarlow@gwu.edu](mailto:jnbarlow@gwu.edu)**

**[www.jametabarlow.com](http://www.jametabarlow.com)**

**[@allaboutafya](https://www.instagram.com/allaboutafya)**

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[www.jametabarlow.com](http://www.jametabarlow.com)



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**DR. KAREN  
SHEFFIELD-ABDULLAH**

UNIVERSITY OF NORTH  
CAROLINA AT CHAPEL HILL



# Suicide and Overdose: The Leading Cause of Death for New Mothers

Karen Sheffield-Abdullah, PhD, RN, CNM  
The University of North Carolina at Chapel Hill  
School of Nursing  
Assistant Professor  
9/7/22





# Maternal Mortality Review Committee

Maternal Mortality Review Committees (MMRCs) are multi-disciplinary committees that convene at the state or local level to comprehensively review deaths of women during or within a year of pregnancy.

MMRCs have access to clinical and non-clinical information (e.g., vital records, medical records, social service records) to more fully understand the circumstances surrounding each death, and to develop recommendations for action to prevent similar deaths in the future.

**Centers for Disease Control and Prevention (CDC)  
Classification of deaths occurring during pregnancy,  
childbirth, and the postpartum period**

1

Pregnancy-related

2

Pregnancy  
associated, but  
not related

3

Pregnancy-  
associated, but  
unable to determine  
pregnancy-  
relatedness

# Pregnancy-Related Death

The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy

# Opioid Use During Pregnancy

According to 2019 self-reported data, about 7% of women reported using prescription opioid pain relievers during pregnancy. Of those, 1 in 5 reported misuse of prescription opioids, defined as getting them from a non-healthcare source or using them for a reason other than to relieve pain.

# Opioid-Related Diagnosis at Delivery

The number of women with opioid-related diagnoses documented at delivery increased by 131% from 2010 to 2017

<https://www.cdc.gov/pregnancy/opioids/data.html>

# North Carolina Maternal Mortality Review Committee



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

The project was supported by grant number 6 NU38000288-03-01 CFDA Number 93.241  
funded by the CDC Foundation in partnership with the Centers for Disease Control and Prevention (CDC)

# 92

Women in North Carolina died while pregnant  
or within one year of pregnancy in 2016



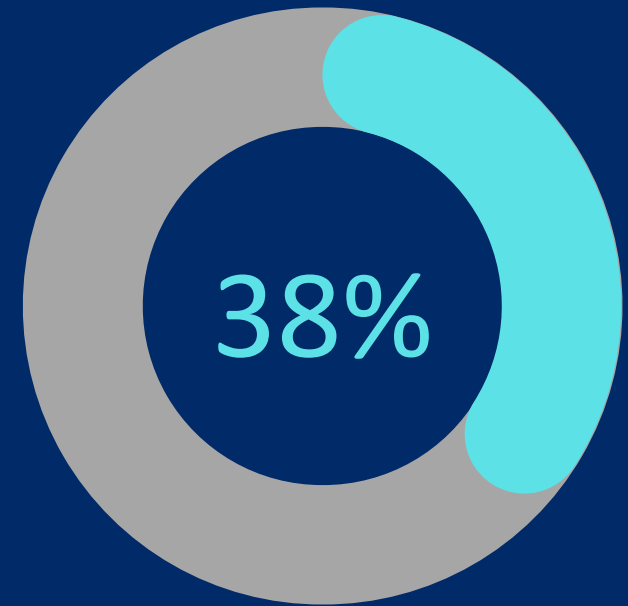
1 in 4  
maternal deaths were due to  
overdose.

Note: we are mostly referring to opioid related  
deaths

# North Carolina Pregnancy-Related Opioid Deaths

\*Incarceration means time spent in prison or jail across the lifespan

## History of incarceration



At least 38% of those who died from an opioid overdose had a history of incarceration.\*

**A qualitative analysis of 2016 narrative data revealed that a history of opioid use disorder was associated with systemic barriers to receiving optimal perinatal care**



# Systemic Barriers



Poor coordination of care for those with a history of incarceration



Housing instability to include homelessness



Lack of adequate referral to a specialist after medication prescription

# Recommendations

- OB providers should ensure access to Naloxone for individuals with a history of substance use disorder (SUD).
- Universal biologic testing is not recommended and should not be used as the sole assessment of the severity of substance use. If using urine drug testing, it needs to be with the person's consent and in compliance with state laws (ACOG, 2021).
- Providers need to be knowledgeable about local substance use treatment resources in the community to assist patients with referrals.

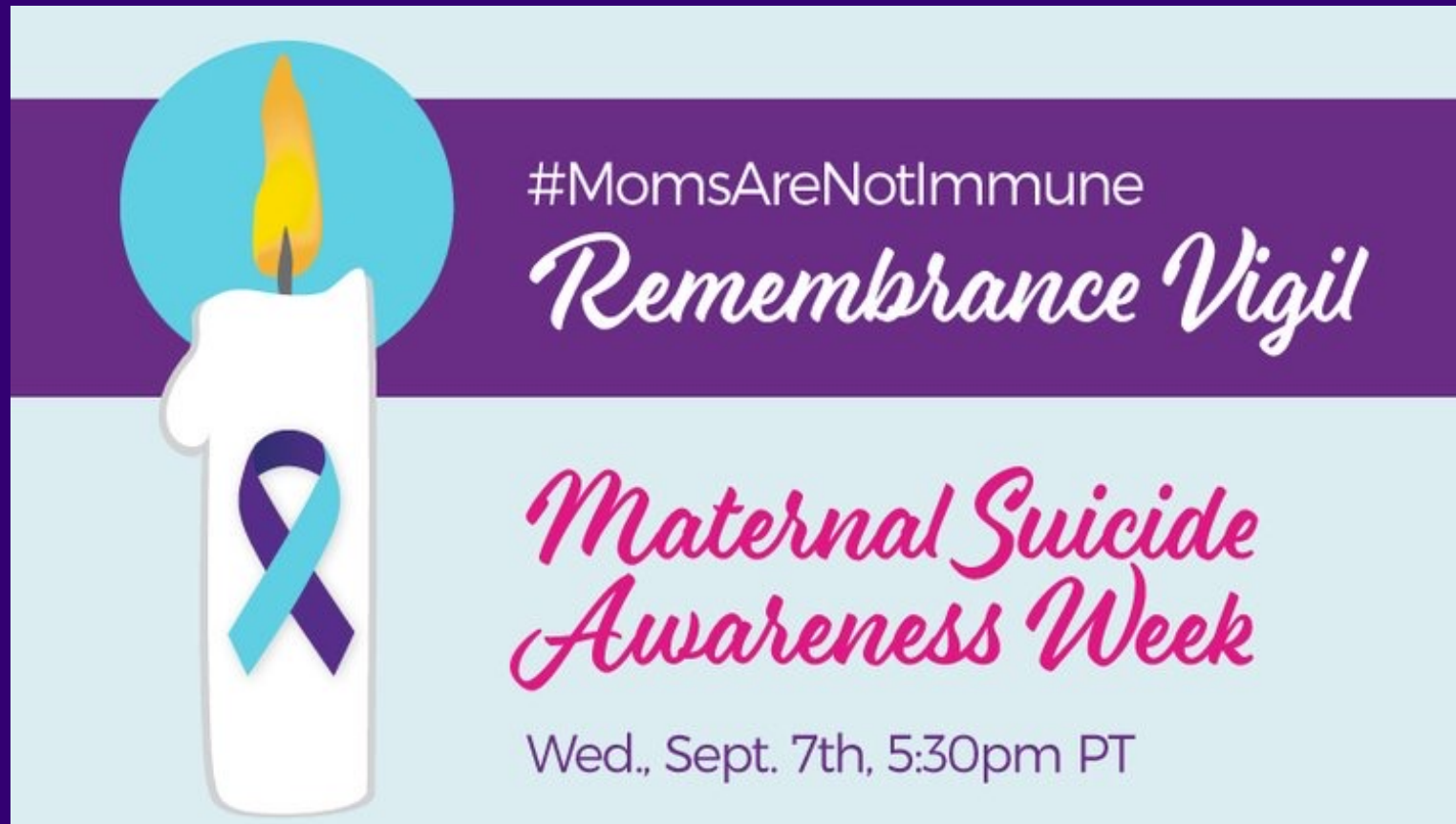
# Recommendations

- OB providers should ensure scheduling of postpartum follow up appointments for individuals with a history of SUD, and if missed office personnel should follow up for rescheduling attempts.
- OB provider education (all learners- PAs, NPs, Nurse-Midwives, OBs) programs should include SUD education and encourage OB providers to go through training to obtain their X waiver.

**Q & A**

**MOVING FORWARD**

# CANDLELIGHT VIGIL



#MomsAreNotImmune  
*Remembrance Vigil*

*Maternal Suicide  
Awareness Week*

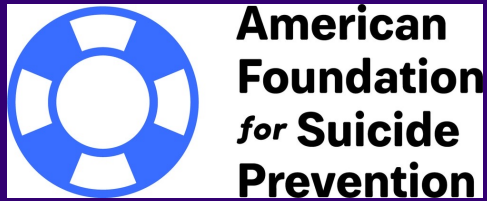
Wed., Sept. 7th, 5:30pm PT

[WWW.2020MOM.ORG](http://WWW.2020MOM.ORG)

# LEGISLATION

- 988 Implementation Act (H.R.7116)
- Advancing Maternal Health Equity Under Medicaid Act (H.R.6612)
- Helping Medicaid Offer Maternity Services Act (H.R. 3345)
- Into the Light for MMH & Substance Use Disorder Act (H.R.7073/S.3824)
- NIH IMPROVE Act (H.R.7565)
- Suicide Prevention Act (H.R.2955/S.448)
- Suicide Prevention Lifeline Improvement Act (H.R.2981/S.2425)
- TRIUMPH for New Moms Act (H.R.4217/S.2779)

# STAY CONNECTED!



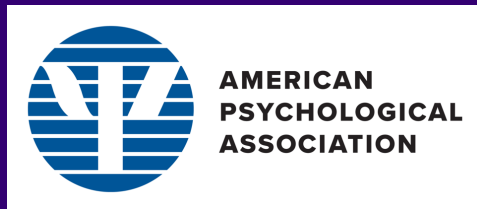
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[2020 Mom upcoming events](https://www.2020momproject.org/upcoming-events)



# THANK YOU!

Please reach out to Lee Taylor-Penn, MMHLA Policy Director, with any additional questions.

[ltaylorpenn@mmhla.org](mailto:ltaylorpenn@mmhla.org)