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The Maternal Opioid Mortality Study (MOMS)

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Purpose: Overdose by “ingestion of drugs” is the leading cause of maternal mortality in the state of Texas. *Maternal mortality* is defined by the Centers for Disease Control and Prevention as a death occurring during pregnancy or within the first 365 days following the end of a pregnancy. Case records in TX (including postmortem toxicology and police reports) indicate that most of these deaths involve the use of licit or illicit prescription opioids. This is consistent with the nationwide increase in prescription overdose deaths, a major public health crisis. While these statistics are concerning, little is known about the context of maternal overdose death. *Therefore, the purpose of this mixed methods study was to provide insight into the contextual factors that surround maternal opioid overdose deaths.*

Methods: Qualitative interviews and focus groups were conducted throughout the state of TX over a two-year period. Quantitative data were collected using a participant demographics form and the Stressful Life Events Screening Questionnaire (SLEQ). We recruited women who had experienced an opioid use relapse and/or overdose, during the maternal period, from gender specific, substance use disorders treatment programs and through street outreach. We also recruited family members, friends and the significant others of women who have died of a maternal overdose.

Results: We used thematic analysis to analyze the qualitative data. Two experienced qualitative researchers first analyzed the data independent of each other. Following this, they discussed emerging themes until a consensus was reached. We used descriptive statistics to summarize our demographic and survey data.

Conclusion: Women and family members (N=50) provided insight into the contextual factors surrounding maternal overdose death. They (80%) reported 4 or more significant life stressors including: (a) losing a loved one to an accident, homicide, or suicide, (b) being repeatedly ridiculed, ignored, or put down by a loved one, (c) having been physically forced to have sexual intercourse, and (d) experiencing physical abuse. Further, the following four qualitative themes were identified: (a) losing the baby/escaping the pain, (b) needing support, (c) trauma, and (d) mental health symptoms. Participants described how the involvement of Child Protective Services contributed to relapse placing the women at risk for overdose. They discussed how emotional support needed during the pregnancy that was often unavailable. As identified in our quantitative data, a lifetime of significant trauma was common among participants. Finally, symptoms of mental illness were also described. The findings of this study are being used to develop targeted interventions to prevent overdose death in this vulnerable population of women.

Title:

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Keywords:

maternal mortality, mixed methods research and opioid use disorders

References:

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Abstract Summary:

Overdose is the leading cause of maternal mortality in the state of Texas. Most of these deaths involve the use of opioids; however, little is known about the context of maternal overdose death. Therefore, the purpose of this study was to provide insight into the context of these deaths.

Content Outline:

Learning Objectives:

Following this presentation, learners will be able to:

- Describe national trends in maternal opioid use disorders.
- Discuss maternal overdose deaths.
- Explain the contextual factors surrounding maternal opioid overdose deaths.

Expanded Content Outline:

1. Review national statistics on opioid-use disorders in pregnant and parenting women.
2. Elaborate on the health risks and co-occurring conditions associated with opioid use disorders in pregnant and parenting women.
3. Discuss the most recent Texas Maternal Mortality Report.
4. Describe the findings of this study that will help explain the contextual factors surrounding maternal opioid overdose deaths.
5. Discuss next steps in addressing this public health issue.

First Primary Presenting Author

Primary Presenting Author

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Professional Experience: Dr. Cleveland is an Assistant Professor of nursing with more than 20 years of maternal/child nursing experience. She is a practicing Board Certified Pediatric Nurse Practitioner and an

International Board Certified Lactation Consultant. Dr. Cleveland also has an active program of research on maternal drug use during pregnancy and neonatal abstinence syndrome.

Author Summary: Dr. Cleveland has an active program of research focused on opioid use disorders in pregnant and parenting women and Neonatal Abstinence Syndrome. She has authored 20 published articles with a maternal/child focus, 2 book chapters, more than 50 research presentations-10 international; peer reviewer for 8 research journals, member of 6 advisory boards-2 are international.

Second Author

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Professional Experience: Rebecca Bonugli, PhD, RN, PMHCNS is an Associate Professor in the Department of Family and Community Health Systems at The University of Texas Health Science Center at San Antonio. Dr. Bonugli has over 20 years of experience as a Clinical Nurse Specialist (CNS) in psychiatric-mental health nursing and as a nurse educator. Dr. Bonugli's research program is focused on trauma and recovery among individuals living with serious mental illness. In 2010, Dr. Bonugli was the recipient of a prestigious research award from The Hogg Foundation for Mental Health in order to evaluate The Focus for Life Program, a community-based consumer-driven, consumer-led recovery focused program for individuals living with mental illness. Currently, Dr. Bonugli is conducting several funded community-based research projects related to trauma and transformation among homeless women living with serious mental illness. Dr. Bonugli has provided mentorship to numerous undergraduate and graduate students.

Author Summary: Rebecca Bonugli, PhD, RN, PMHCNS is an Associate Professor in the Department of Family and Community Health Systems at The University of Texas Health Science Center at San Antonio.