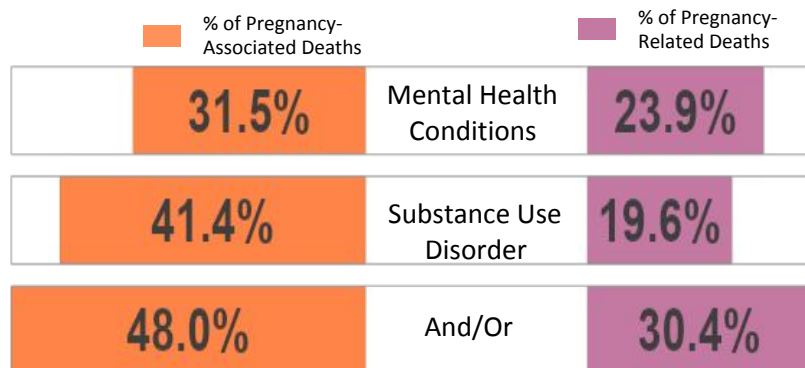


Maternal Mortality Related to Mental Health and Substance Use Disorder in Arizona, 2016-2018

MMRC Reviewed Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

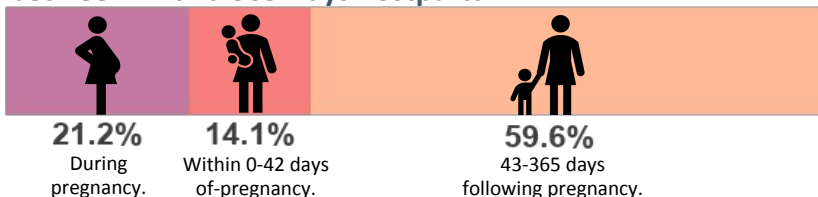
Maternal mortality is the death of a woman while pregnant or within 1 year of the end of a pregnancy – regardless of the outcome, duration, or site of the pregnancy. The [Arizona Maternal Mortality Review Committee](#) reviews every maternal death occurring in Arizona to determine pregnancy-relatedness and causes of death, as well as opportunities to prevent these deaths in the future. Below is an overview of Arizona’s 2016-2017 maternal mortality outcomes, which are detailed in the most recent [Maternal Mortality and Severe Maternal Morbidity Report in Arizona](#) (published 12/2020).

Almost Half of all Pregnancy-Associated Deaths in Arizona Were Related to Mental Health Conditions or Substance Use Disorder

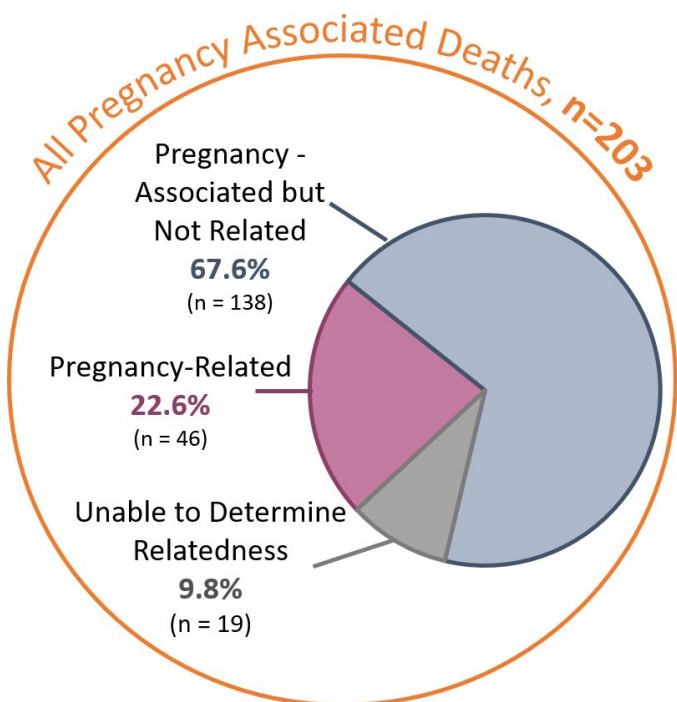
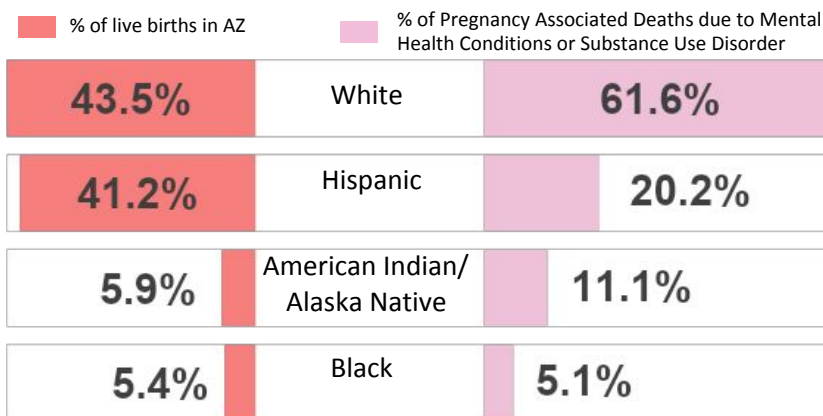


98% of Pregnancy-Associated deaths related to Mental Health Conditions and or Substance Use Disorder were **preventable**.

Almost Two Thirds of Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Occurred between 42 and 365 Days Postpartum



American Indian/Alaska Native Women Experience the Greatest Disparity in Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder



Mortality Ratio, 2016-2018 (deaths per 100,000 live births)

Pregnancy-Associated Mortality Ratio **80.5**

Pregnancy-Related Mortality Ratio **18.2**

Definitions

Pregnancy-Associated:

The death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause.

Pregnancy-Related:

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.

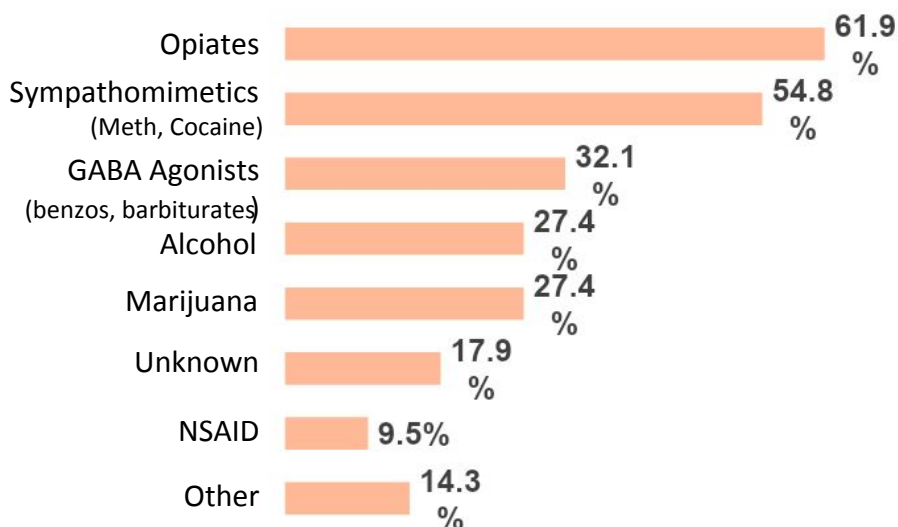
Preventability:

A death is considered preventable if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, community, provider, facility, and/or systems factors.

Maternal Mortality Related to Mental Health and Substance Use Disorder in Arizona, 2016-2018

MMRC Reviewed Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

Almost Two Thirds of Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Involved Opiates



Almost 70% of decedents used substances from two or more categories, and **over 20%** of decedents had used substances from four or more categories.

Recommendations to Reduce Maternal Mortality Related to Mental Health Conditions and/or Substance Use Disorder

1. Arizona should expand AHCCCS coverage to 1 year postpartum.
2. Arizona should establish a fully funded Perinatal Psychiatric Access Program that would provide consultation services and training to front line providers for assessment and treatment of maternal mental health and substance use disorders.
3. Arizona should expand loan reimbursement and incentives (e.g., free certifications) for the range of behavioral health providers (prescribers and non-prescribers), particularly incentivizing service in rural areas.
4. Payers should ensure collaborative care codes allow behavioral health medical practitioners and perinatal mental health providers to be reimbursed regardless of where and when care is delivered (e.g., eliminate the same-day limitation for psychiatric reimbursement).
5. Payers should recognize perinatal behavioral health specialists as a contracted medical specialty with health plans.
6. Payers should establish quality metrics to improve accountability and utilization of case management, care navigation, social work, peer support, and doula services to ensure continuity of care for high-risk patients.
7. First responders and law enforcement agencies should dispatch behavioral health providers on all calls involving domestic violence, substance use, mental health challenges, or social/economic instabilities and require all first responders and law enforcement staff are trained in a trauma-informed approach.
8. All agencies and organizations impacting maternal and infant health should adopt outreach and education practices to reduce stigma of maternal mental health and substance use disorder to increase help-seeking behaviors, including universal screening and referral practices.

For questions or additional information, email maternalhealth@azdhs.gov or visit <http://azdhs.gov/maternalhealth>

