Mental Health Conditions

Data from Connecticut Maternal Mortality Review Committee, 2015-2020

Mental health conditions other than substance use disorder (SUD) contributed to over one-fifth (*n* =18/80, 22.5%) of pregnancy-associated deaths in Connecticut in the period between 2015 and 2020, and they *probably* contributed to additional 11 out of 80 (14%) pregnancy-associated deaths.

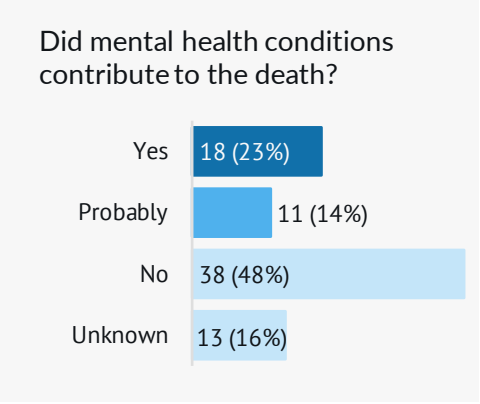
Of 18 pregnancy-associated deaths in which mental health conditions definitively played a role, two-thirds (*n* = 12/18, 66.7%) were determined by the CT MMRC to be pregnancy-related—that is, causally related to pregnancy or its management. It is important to note that CT MMRC struggled with determining pregnancy-relatedness of deaths in which mental health conditions played a role largely because of an **absence of information** on decedents' internal processes. Although medical records, police reports, obituaries, and media posts were available in most, if not all, cases, notes from mental health treatment providers and interviews with family members were unavailable. It is possible, and in fact, likely, that the percentage of pregnancy-related deaths would have been higher had more comprehensive data been available for CT MMRC case review and discussion.

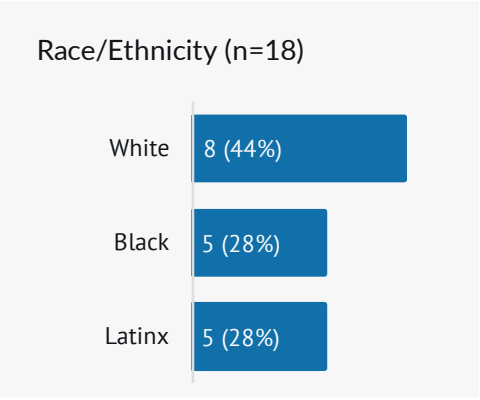
Accidental overdose was the most common cause of death among pregnancy-associated deaths in which mental health conditions other than SUD played a role. Half of decedents (*n* = 9/18) died of an overdose. Additionally, one-third of decedents (*n* = 6/18) died by suicide; other causes of death included unintentional injury and embolism. CT MMRC determined that all 18 deaths were preventable.

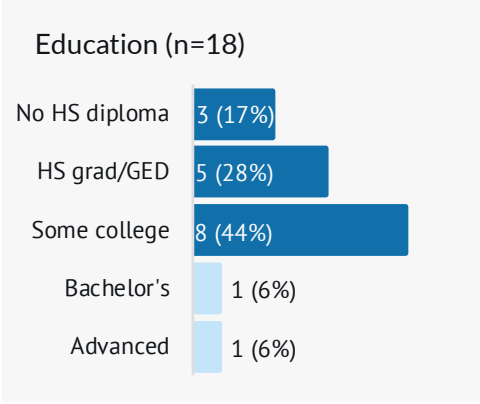
Most decedents (*n* = 15/18, 83%) used street drugs and/or overused alcohol or prescription medication at some point in their lives. Substance use disorder—and often polysubstance use—contributed to 61% of deaths (*n* = 11/18), and it *probably* contributed to 17% of deaths (*n* = 3/18).

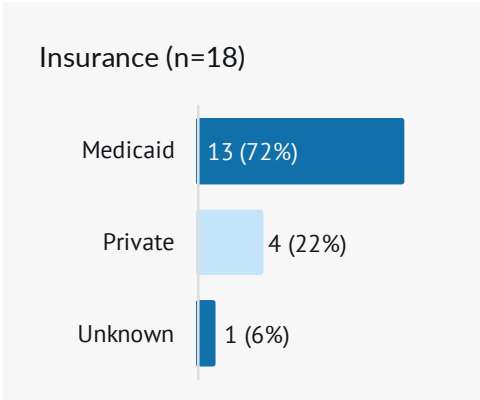
Roughly 44% of decedents were white; 28% were black; and 28% were Hispanic/Latinx. Only 11% of decedents held a Bachelor's degree or higher, and over 70% had Medicaid for insurance. Only two out of 18 decedents (11%) held a professional job; five (28%) were not employed outside of home; two were students; and others were employed as technicians or as sales, administrative, or service workers. Put together, the available data suggest that **those occupying lower social strata were vastly overrepresented** among pregnancy-associated deaths to which mental health conditions contributed. It is also noteworthy that a sizeable proportion of decedents had very difficult lives, as evidenced by housing instability (28%); incarceration or arrests (22%); residence in congregate care programs such as residential treatment facilities and group homes (17%); and involvement with the Department of Children and Families (50%).

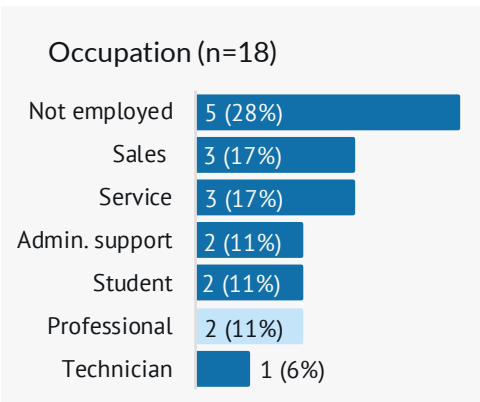
In most cases, the onset of mental illness preceded the index pregnancy. At least 4 out of 18 decedents developed mental health conditions in childhood or adolescence, typically in the context of childhood abuse or neglect. Only two decedents experienced the onset of mental health symptoms in the aftermath of the index pregnancy.









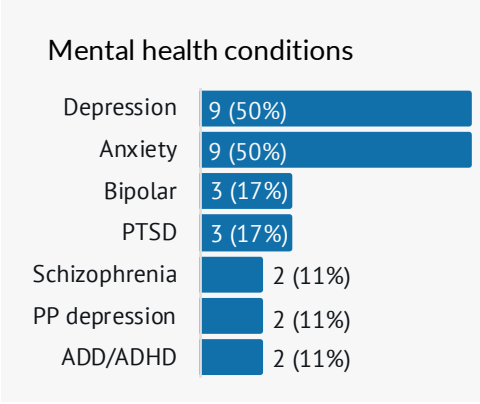


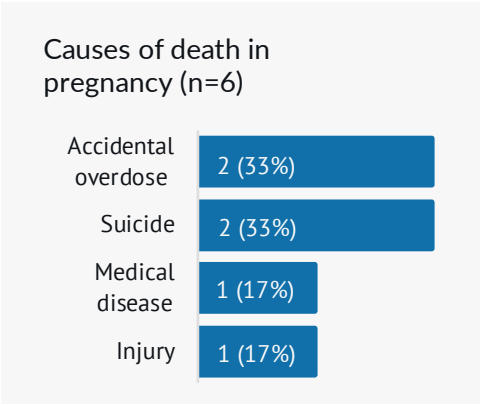
Most decedents (n = 10/18) had two or more mental health diagnoses on record. The most common conditions included depression (n = 9/18) and anxiety (n = 9/18), followed by bipolar disorder (n = 3/18), PTSD (n = 3/18), schizophrenia/schizoaffective disorder (n = 2/18), ADHD (n = 2/18), and postpartum depression (n = 2/18). Self-harm was documented in four out of 18 cases, and there was record of suicide attempts for three decedents.

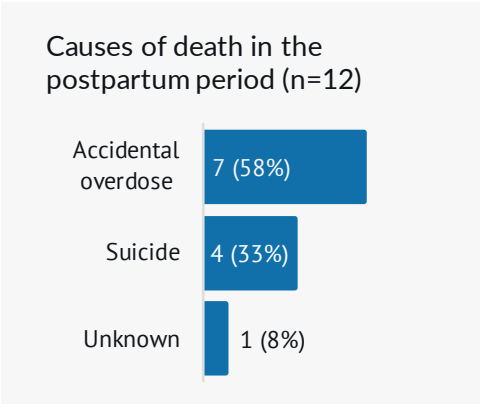
One-third of decedents (n = 6/18) died during pregnancy or on the day of delivery: two by suicide, two from an accidental overdose, one from a medical disease, and one from unintentional injuries. Two-thirds of decedents (n = 12/18) died in the postpartum period: four by suicide, seven from an accidental overdose, and one from an undetermined cause of death. Nine out of 12 postpartum deaths occurred between 6 and 12 months after the delivery.

Available records indicate that **opportunities for mental health intervention existed but were used inconsistently.** In cases in which the system intervened, there were gaps in treatment, failures in care coordination, and inadequacies in the levels of care. Among those who died during pregnancy (n = 6), two persons were not screened for mental health conditions at any of their ER visits, and one was screened at only one of their many ER visits. The one person whose prenatal care records were available for review was not screened for mental health conditions by their obstetrician.

All 12 persons who died in the postpartum period received prenatal care. Although 10 had mental health conditions prior to the index pregnancy, only two were screened for mental health concerns (depression, anxiety, suicidal ideation) by their prenatal care providers. Half of those who died in the postpartum period (n = 6/12) were screened for mental health concerns during their hospitalization for labor and delivery. The other half of those who died in the postpartum period (n = 6/12) were neither screened for mental health concerns nor connected to mental health resources (other than paperwork about postpartum depression) by obstetrics providers despite their histories of mental illness prior to the index pregnancy.







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