

WHEN POSTPARTUM RISKS COLLIDE

*Dyadic Considerations Around Perinatal Mental Health,
Substance Use, and Intimate Partner Violence*



The Colorado Perinatal Care Quality Collaborative (CPCQC) advances statewide maternal and infant health through policy change, community behavioral health initiatives, and hospital quality improvement by targeting the leading causes of Colorado maternal and infant mortality: suicide, unintentional overdose, obstetric complications, and Sudden Unexpected Infant Death (SUID).

The Postpartum Year Is a Critical Window:

52% of pregnancy-related deaths in the U.S. occur during the postpartum period (CDC, 2018-2020) yet standard care includes only a single visit at 6 weeks.

Risks in the Postpartum Dyad

Perinatal Mental Health

- Affects 1 in 5 mothers in the U.S. — the most common complication of pregnancy
- Suicide is the leading cause of pregnancy-associated death in Colorado
- 58.3% of suicide deaths occur late postpartum (highest at 9-12 months)
- Infants of mothers with depression are nearly 2x as likely to have difficulty developing secure attachment

Substance Use Disorder

- Unintentional overdose is a top cause of pregnancy-associated death in Colorado
- 70% of overdose deaths occur 6 weeks-1 year postpartum
- 100% of overdose deaths reviewed were preventable
- Bed sharing with a caregiver impaired by alcohol or drugs carries >10x the baseline risk of sleep-related infant death

Intimate Partner Violence

- 1 in 3 Colorado women have experienced physical violence, sexual violence, or stalking by a partner
- Survivors who disclose to a provider are 4x more likely to access support
- IPV often starts or escalates during pregnancy/postpartum
- Physical IPV during pregnancy is associated with 50% higher prevalence of preterm birth and 32% higher prevalence of low birth weight

Why These Risks Overlap

Perinatal mental health conditions, substance use disorder, and intimate partner violence are driven by shared underlying factors like trauma and adverse childhood experiences (ACEs), toxic stress, poverty and financial instability, housing insecurity, social isolation, discrimination, and limited access to healthcare. By recognizing the intersection of these domains in the perinatal period, providers across the behavioral health continuum can prevent treatable conditions from turning into a crisis for two patients—both the birthing person and baby.

From Recognition to Connection

Families are interacting with many different parts of the healthcare and community system: OB, pediatrics, primary care, behavioral health, lactation, social work, home visiting, and community organizations. Each provider may see a different piece of what is happening for the family. While no single provider owns the entire postpartum dyad, each point of contact is an opportunity to recognize a concern, respond in a way that keeps the family engaged, and help connect them to support.

Recognize → Respond → Connect → Coordinate



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