Supplemental Table 1. Rates of homicide, suicide, and unintentional opioid-involved overdose deaths during pregnancy and the first year postpartum by data source, North Carolina 2018-2019

	Number of deaths	Rate per 100,000 live births ^a
Homicide		
Pregnancy checkbox on the death certificate only	16	6.7
Linked NC-MMRC and NC-VDRS	23	9.7
Suicide		
Pregnancy checkbox on the death certificate only	8	3.4
Linked NC-MMRC and NC-VDRS	9	3.8
Unintentional opioid-involved overdose		
Pregnancy checkbox on the death certificate only	24	10.1
Linked NC-MMRC and NC-SUDORS	36	15.1

Note: NC – North Carolina; MMRC – Maternal Mortality Review Committee; VDRS – Violent Death Reporting System; SUDORS – Statewide Unintentional Drug Overdose Reporting System

^aFrom 2018-2019 in North Carolina, there were 237,679 live births per the North Carolina State Center for Health Statistics (https://schs.dph.ncdhhs.gov/data/vital/ims/2021/2021-IMR-TABLE-10b-FINAL.html)

Supplemental Table 2. Substance class categorization of literal text drug mentions in North Carolina death certificate data

Substance class	Literal text drug mentions ^a
Opioids	ACETYLFENTANYL, ACRYLFENTANYL, BUPRENORPHINE, BUTYRFENTANYL, CARFENTANIL, CODEINE, CYCLOPROPYLFENTANYL, FENTANYL, FLUOROBUTYRFENTANYL, FLUOROFENTANYL, FLUOROISOBUTYRYLFENTANYL, FURANYLFENTANYL, HEROIN, HYDROCODONE, HYDROMORPHONE, KRATOM, MEPERIDINE, METHADONE, METHOXYACETYLFENTANYL, METHYLFENTANYL, MITRAGYNINE, MORPHINE, NARCOTIC, OPIOID, OXYCODONE, OXYMORPHONE, PROPOXYPHENE, TAPENTADOL, TRAMADOL, U47700, U48800, U49900, VALERYLFENTANYL
Psychostimulants	ALPHA PVP, AMPHETAMINE, BENZOYLECGONINE, CAFFEINE, CHLOROMETHCATHINONE, COCAINE, DIBUTYLONE, ETHYLONE, ETHYLPENTYLONE, EUTYLONE, FLUOROPHENMETRAZINE, MEPHEDRONE, METHAMPHETAMINE, METHYLONE, METHYLPHENIDATE, MIDOMAFETAMINE, STIMULANT, TENAMFETAMINE
Benzodiazepines	ALPRAZOLAM, AMINOCLONAZEPAM, BENZODIAZEPINE, CHLORDIAZEPOXIDE, CLOBAZAM, CLONAZEPAM, CLONAZOLAM, CLORAZEPATE, CLORAZEPIC ACID, CLOZAPINE, DELORAZEPAM, DIAZEPAM, ETIZOLAM, FLUALPRAZOLAM, FLUBROMAZEPAM, FLUBROMAZOLAM, FLURAZEPAM, LORAZEPAM, MIDAZOLAM, NORDAZEPAM, OXAZEPAM, PHENAZEPAM, TEMAZEPAM, TRIAZOLAM
Alcohol	ALCOHOL, ETHANOL, ISOPROPYL ALCOHOL
Antiepileptics/ Sedative-Hypnotics	BARBITURATE, BUTALBITAL, CARBAMAZEPINE, DIVALPROEX, ESZOPICLONE, GABAPENTIN, GAMMA HYDROXYBUTYRICA CID, LACOSAMIDE, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, PENTOBARBITAL, PHENIBUT, PHENOBARBITAL, PHENYTOIN, PREGABALIN, PRIMIDONE, RAMELTEON, SECOBARBITAL, SEDATIVE, TOPIRAMATE, VALPROIC ACID, ZALEPLON, ZOLPIDEM, ZONISAMIDE
Antidepressants	AMITRIPTYLINE, ANTIDEPRESSANT, ATOMOXETINE, BUPROPION, CITALOPRAM, CLOMIPRAMINE, DESVENLAFAXINE, DOXEPIN, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, IMIPRAMINE, MIRTAZAPINE, NORTRIPTYLINE, PAROXETINE, SERTRALINE, TIANEPTINE, TRAZODONE, VENLAFAXINE

Supplemental Table 2. Substance class categorization of literal text drug mentions in North Carolina death certificate data

Substance class	Literal text drug mentions ^a
Systemic/ Hematological Agents	ANTICOAGULANT, ANTIEMETIC, ANTIHISTAMINE, BLEOMYCIN, CALCINEURIN INHIBITOR, CETIRIZINE, CHEMOTHERAPEUTIC AGENT, CHLORPHENIRAMINE, CRIZOTINIB, DIPHENHYDRAMINE, DOXYLAMINE, IRON, LORATADINE, MECLIZINE, METHOTREXATE, METOCLOPRAMIDE, NIVOLUMAB, RODENTICIDE, SIROLIMUS, WARFARIN
Antipsychotics	ARIPIPRAZOLE, BUSPIRONE, CHLORPROMAZINE, FLUPHENAZINE, HALOPERIDOL, HYDROXYZINE, LITHIUM, LURASIDONE, MEPROBAMATE, OLANZAPINE, PERPHENAZINE, PROMETHAZINE, QUETIAPINE, RISPERIDONE
Smooth Skeletal Muscle/ Respiratory System Agents	BENZONATATE, COUGH MEDICINE, CYCLOBENZAPRINE, DEXTROMETHORPHAN, GUAIFENESIN, NEUROMUSCULAR DRUG, PROPYLHEXEDRINE, ROCURONIUM
Cardiovascular Agents	ACE INHIBITOR, AMIODARONE, AMLODIPINE, CALCIUM CHANNEL BLOCKER, CLONIDINE, DIGITALIS, DIGOXIN, DILTIAZEM, DOFETILIDE, FLECAINIDE, ISOSORBIDE, LISINOPRIL, NIFEDIPINE, NITRATE, NITRITE, PROPAFENONE, RANOLAZINE, VERAPAMIL
Non-Opioid Analgesics	ACETAMINOPHEN, ASPIRIN, IBUPROFEN, NAPROXEN, NSAID, SALICYLATE
Gastrointestinal Agents	LACTULOSE, LOPERAMIDE
Autonomic Nervous System Drugs	ATENOLOL, BETA BLOCKER, CARVEDILOL, DONEPEZIL, EPHEDRINE, METOPROLOL, PHENYLPROPANOLAMINE, PRAZOSIN, PROPRANOLOL, PSEUDOEPHEDRINE
Antiparkinsonism Drugs	BACLOFEN, BENZTROPINE, CARISOPRODOL, METAXALONE, METHOCARBAMOL, ORPHENADRINE, ROPINIROLE, TIZANIDINE
Hormones	GLIPIZIDE, INSULIN, METFORMIN, METHYLPREDNISOLONE
Anesthetics	BUPIVACAINE, CHLOROETHANE, DESCHLOROKETAMINE, ISOFLURANE, KETAMINE, LIDOCAINE, NITROUS OXIDE, PROPOFOL, SEVOFLURANE
Psychodysleptics	CANNABINOID, DRONABINOL, MARIJUANA, PHENCYCLIDINE

Supplemental Table 2. Substance class categorization of literal text drug mentions in North Carolina death certificate data

Substance class	Literal text drug mentions ^a	
Anti-Infectives	DIDANOSINE, HYDROXYCHLOROQUINE, NITROFURANTOIN	
Topical Agents	CHLORAMINE, SILICON, TETRAHYDROZOLINE	
Antibiotics	ANTIBACTERIAL, VANCOMYCIN	
Other Psychotropic Drugs	MEMANTINE	
Other/Unspecified Drugs	BRODIFACOUM, DIFLUOROETHANE, ETHYLENE GLYCOL, HERBAL SUPPLEMENT, PHENTERMINE, POTASSIUM, TORSEMIDE	

^a Includes all specific drugs identified in 2015-2020 North Carolina death certificate literal text data, which is not necessarily comprehensive with respect to other time periods or states (e.g., NORFENTANYL is not listed above as it was never mentioned in the 2015-2020 North Carolina death certificate data)

Supplemental Table 3. Definitions of circumstances surrounding homicide and suicide deaths from the North Carolina Violent Death Reporting System and unintentional opioid-related overdose dose deaths from the North Carolina Statewide Unintentional Drug Overdose Reporting System

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Homicide circumstances	
Related to intimate partner violence	Related to immediate or ongoing conflict or violence between current or former intimate partners, including girl/boyfriends, dating partners, ongoing sexual partners, and spouses, or deaths where the victim was killed by a current or former intimate partner
Related to another type of argument or interpersonal conflict (non-intimate partner violence)	A specific argument was perceived as related to the death (e.g., an argument over money, a relationships problem an insult)
Related to drug trade or use	Drug dealing, drug trade, or drug use is suspected o have played a role in precipitating the homicide
Precipitated by another serious crime	Related to other criminal activity, specifically felonies (e.g., robbery, drug trafficking, burglary, motor vehicle theft, arson, resisting arrest)
Related to a physical fight	There was a physical fight immediately before the homicide death that resulted in the death of those involved in the fight, bystanders, or those trying to stop the fight (i.e., the homicide was not planned and occurred in the heat of a physical fight)
Related to a drive-by shooting	Homicide death was the result of a shooting where the suspect(s) drove near the victim or target and shot while driving or used a car to approach and flee the scene but stepped out of the car just long enough to use a weapon
Suicide circumstances	1
History of mental health treatment	Prior mental health treatment (e.g., had a current prescription for a psychiatric medication, saw a mental health professional)
Current mental health treatment	Mental health treatment at the time of death (e.g., had a current prescription for a psychiatric medication, saw a mental health professional within the past two months)
Current mental health problem	Current mental health problem including disorders and syndromes listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
	(DSM-5), excluding alcohol and other substance use disorders, or current treatment for a mental health problem
Problems with current or former intimate partner	(DSM-5), excluding alcohol and other substance use disorders, or current treatment for a mental health

Perceived to have a problem with drugs A non-alcohol substance use problem (e.g., using illicit drugs, misusing prescription medications) Perceived to be depressed Perceived by self or others to be depressed at the time of the suicide death (e.g., sad, despondent, down, blue, low, unhappy) Unintentional opioid-involved overdose circumstances Naloxone was administered There was evidence that naloxone was administered (discovery of used naloxone packaging alone is insufficient) by a layperson (e.g., family, friend, intimate partner, roommate, stranger), emergency medical services/fire, law enforcement, hospital/healthcare staff, or an unknown person) A person was physically nearby during or shortly A bystander was present before the overdose death and had the potential to intervene to prevent the death, excluding first responders and medical professionals and children ages <11 years This variable does not require evidence of a diagnosed History of prescription opioid misuse or illicit opioid use substance use disorder but does require some indication of either past or ongoing/current prescription opioid (e.g., methadone, oxycodone, hydromorphone) misuse (e.g., using more than the prescribed dose, using prescription opioids not prescribed to them) or illicit opioid (e.g., heroin, illicitly manufactured fentanyl) use, outside of the drugs involved in the overdose death. History of substance use disorder treatment Current or prior treatment for a substance use disorder, including cognitive/behavioral therapy, medication for opioid use disorder, Narcotics Anonymous, and inpatient/outpatient rehabilitation

Supplemental Table 4. Rates of homicide, suicide, and unintentional opioid-involved overdose deaths during pregnancy and the first year postpartum by data source, North Carolina 2018-2019

	Number of deaths	Rate per 100,000 live births ^a
Homicide		
NC-VDRS	14	5.9
NC-MMRC	22	9.3
All data sources combined	23	9.7
Suicide		
NC-VDRS	6	2.5
NC-MMRC	8	3.4
All data sources combined	9	3.8
Unintentional opioid-involved overdose		
NC-SUDORS	17	7.2
NC-MMRC	36	15.1
All data sources combined	36	15.1

Note: NC – North Carolina; MMRC – Maternal Mortality Review Committee; VDRS – Violent Death Reporting System; SUDORS – Statewide Unintentional Drug Overdose Reporting System ^aFrom 2018-2019 in North Carolina, there were 237,679 live births per the North Carolina State Center for Health Statistics (https://schs.dph.ncdhhs.gov/data/vital/ims/2021/2021-IMR-TABLE-10b-FINAL.html)