

FACT SHEET

Maternal Mental Health and Suicide



KEY POINTS

- > Mental health conditions are the MOST COMMON complication of pregnancy and childbirth, affecting 1 in 5 women and childbearing people (800,000 new parents each year in the United States).^{1,2,3}
- > Suicide and overdose combined are the LEADING CAUSE of death for women in the first year following pregnancy.^{4,5,6}
- > The peak incidence of suicide is 6-9 months postpartum.⁷
- > New mothers who die by suicide^{5,6}
 - Are mostly white and older
 - Use the most violent forms of suicide (hanging, jumping, shooting)
 - Die in the late postpartum period
 - Do not attend a postpartum obstetric visit (<50%)



33% of pregnancy-related suicide deaths had a documented prior suicide attempt⁸

TOP RISK FACTORS⁹

- Personal or family history of mental health disorders
- Interpersonal violence
- Substance use disorder

SUICIDE & OVERDOSE COMBINED ARE THE LEADING CAUSE OF DEATH FOR WOMEN IN THE YEAR AFTER PREGNANCY

DATA USED BY MMRCs

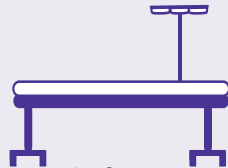
MMRCs review vital statistics data along with:



Medical Files



Law Enforcement Reports



Autopsy Records



Interview with Witnesses or Family Members

"I Was Pregnant and I Swallowed a Handful of Pills"

Kara Zivin, PhD, is a professor of psychiatry, obstetrics and gynecology, and health management and policy at the University of Michigan. Below is a summary of her story. Listen to a full podcast with Dr. Zivin at bit.ly/pregnancystruggles

In 2010, I became pregnant and found myself in a perfect storm of stressors: I had always feared pregnancy and delivery, and did not know how to become a wife, parent, and tenure-track faculty member. I stopped taking my antidepressant because I wanted a medication-free pregnancy.



I battled terrible insomnia. Day blended into night and back into day. I stopped eating, got lost while driving, and became catatonic. No amount or type of medication or therapy stopped my slide into hell or helped me think rationally. One night in my eight

month of pregnancy—convinced that my family would be better off without me—I swallowed handfuls of pills. Two days later, I woke up on suicide watch. The next day my son was born. He went to the NICU, and I went to the psychiatric inpatient unit. Six weeks later I started electroconvulsive therapy.

Today I research and write about the impact of perinatal mood and anxiety disorders. At professional conferences, when I share my experiences after presenting my data, women come up to hug me. Decreasing stigma, increasing awareness, and improving access to care for perinatal

WHAT ARE MMRCs?

Maternal suicide data comes from maternal mortality review committees (MMRCs).

MMRCs are multi-disciplinary review committees that convene at regional, state, or local levels to examine all deaths during pregnancy and first year postpartum.

MMRCs access both clinical and non-clinical data to more fully understand circumstances of each death.

MMRCs or legal requirement to review pregnancy-related deaths exist in 49 states, the District of Columbia, New York City, Philadelphia, and Puerto Rico.

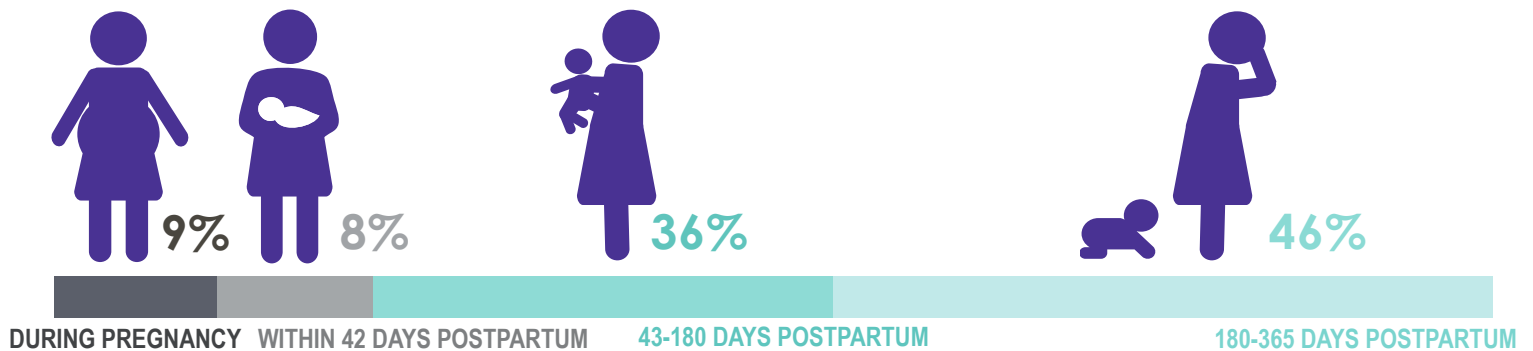
MMRCs are the only committees that examine deaths throughout the entire perinatal period (during pregnancy and throughout first year postpartum) and include deaths by suicide and overdose.



Learn more about MMRCs with information from the Centers for Disease Control and Prevention at bit.ly/MMRC-CDC

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STAGE WHEN MATERNAL SUICIDE OCCURS⁷



THESE FINDINGS UNDERSCORE THE NEED FOR CONTINUED SCREENING FOR MENTAL HEALTH CONDITIONS THROUGHOUT PREGNANCY AND THE ENTIRE YEAR POSTPARTUM.

FINDINGS FROM STATE MMRCs

Representing 16% of births in the United States

	CALIFORNIA ⁶	COLORADO ⁵	ILLINOIS ¹¹
Postpartum deaths by suicide & overdose	18%	30%	21%
Drug related	39	31	15
Suicide	15	28	6
Type of suicide	Hanging (9) Firearms (3)	Hanging (10) Firearms (8)	
Notes	<ul style="list-style-type: none"> 75% made at least one ED visit 39% made at least three ED visits 	<ul style="list-style-type: none"> 17% had documented substance use disorder 54% had documented psychiatric disorder 10% had prior suicide attempt 	<ul style="list-style-type: none"> 50% occurred 6+ months postpartum Created MMRC-V to review deaths by homicide, suicide, and overdose
MASSACHUSETTS¹²			
Pregnancy-Related Deaths, 2005-2014			
	SUBSTANCE USE		MENTAL HEALTH
	<ul style="list-style-type: none"> 38% of deaths were related to substance use Deaths related to substance use increased from 8% to 40% in 10 years 		<ul style="list-style-type: none"> 50% of deaths had documented mental health diagnosis 92% were documented prior to delivery



Suicide prevention requires early screening, assessment, monitoring, and intervention of all patients during the perinatal period regardless of emotional affect and appearance.¹⁰

Citations

1 ACOG Committee Opinion 757 (2018)

2 Gavin (2005). *Obstetrics & Gynecology*. 106: 1071-83.

3 Fawcett (2019). *Journal of Clinical Psychiatry* (80)4.

4 Davis (2019). Pregnancy-related deaths: Data from 14 U.S. Maternal Mortality Review Committees. 2008-2017.

5 Metz (2016). *Obstetrics & Gynecology*. 128(6):1233-1240.

6 Goldman-Mellor (2019). *American Journal of Obstetrics & Gynecology*. 221(490):e1-9.

7 California Pregnancy-Related Maternal Mortality Review. CA-PMR Report: Pregnancy-Associated Suicide, 2002-2012. 2019.

8 Maternal Suicide: What All Providers and Advocates Should Know. Presented by Centers for Disease Control and Prevention, Division of Reproductive Health, Maternal Mortality Prevention Team. Hosted by 2020Mom. September 29, 2020. www.2020mom.org/past-webinars.

9 Mangla (2019). *American Journal of Obstetrics & Gynecology*. 221(4):295-303

10 Rodriguez-Cabezas and Clark (2018). *Clin Obstet Gynecol*. 61(3):615-627.

11 Illinois Maternal Morbidity and Mortality Report. October 2018

12 Massachusetts Maternal Mortality and Morbidity Review. Spring 2018