

# Health-care providers should be alert to risk of suicide among pregnant women and new mothers

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Increased screening of pregnant women and new mothers for major depression and conflicts with intimate partners may help identify women at risk for suicide, a University of Michigan Health System-led analysis of federal data concludes.

Only a small percentage of women who take their own lives are pregnant or have recently become mothers, but their frequent interactions with the [health care system](#) may provide important opportunities for providers to intervene if risk factors are better understood, the researchers say.

Their findings were published online this month ahead of print publication in *General Hospital Psychiatry*.

"We have a more complete picture now of who these women are and what led up to these tragic events," says lead study author Katherine J. Gold, M.D., M.S.W., M.S., assistant professor of family medicine at the U-M Medical School. "These deaths ripple through families and communities and cause a lot of sorrow and devastation."

The study analyzed five years of [suicide](#) data from the National Violent Death Reporting System, which was introduced in 2003. The dataset is unique for linking multiple sources of information together to provide details that include demographics, pregnancy status, [mental health](#) and substance abuse status, and precipitating circumstances.

More than half of the women who killed themselves had a known mental health diagnosis, with mood disorder being the most common at 95 percent. Nearly half were known to have a [depressed mood](#) leading up to the suicide.

"Previous research has shown that depressive disorders affect 14-23 percent of pregnant and [postpartum women](#) and [anxiety disorders](#) affect 10-12 percent," says study senior author Christie Palladino, M.D., M.Sc., an obstetrician/gynecologist with Georgia Health Sciences University's Education Discovery Institute. "We've known that [major depression](#) is a factor in suicide for a long time.

"But this data tells us, for example, that pregnant and postpartum women had a much higher incidence of conflicts with [intimate partners](#) than their counterparts," Palladino continues.

Postpartum women were also more likely to have been identified as having a depressed mood in the two weeks prior to suicide than other women, the study found.

Also important, researchers found many similarities that did not vary significantly by pregnancy status: 56 percent of all victims had a known mental health diagnosis; 32 percent had previously attempted suicide; and 28 percent had a known alcohol or substance abuse issue at the time of death.

"Depression and substance use are risk factors for everyone, including pregnant and postpartum women," Gold adds.

The researchers also found that while education level and marital status were very similar across pregnant, postpartum and non-pregnant suicides, Hispanic women were far more likely to take their own lives while pregnant (10 percent of suicides among [pregnant women](#)) or

within a year of pregnancy (9 percent of postpartum suicides) than when not pregnant (4 percent of non-pregnancy associated suicides).

The researchers acknowledge some inherent limitations of the data. Their sample of 2,083 suicides among [women](#) of plausible child-bearing age (15-54), was drawn only from the 17 states where data was available. It is also was impossible to interview the victims and get a full picture of mental health conditions, unreported domestic violence and other precipitating factors.

"As a society, we tend to avoid talking about suicide," Gold says. "But it's important to try to understand and talk about risk factors if we are going to address suicide from a public health perspective."

**More information:** "Mental Health, substance use, and intimate partner problems among pregnant and postpartum suicide victims in the National Violent Death Reporting System," General Hospital Psychiatry, [doi:10.1016/j.genhosppsy.2011.09.017](https://doi.org/10.1016/j.genhosppsy.2011.09.017)

Provided by University of Michigan Health System

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