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 suicide⁵,⁶
  • 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%)

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 eighth 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

This fact sheet was support by a grant from the California Health Care Foundation.
STAGE WHEN MATERNAL SUICIDE OCCURS

<table>
<thead>
<tr>
<th>Stage</th>
<th>California</th>
<th>Colorado</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>During Pregnancy</td>
<td>18%</td>
<td>30%</td>
<td>21%</td>
</tr>
<tr>
<td>Within 42 Days Postpartum</td>
<td>39</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>43-180 Days Postpartum</td>
<td>15</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>180-365 Days Postpartum</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Drug Related

<table>
<thead>
<tr>
<th>Type of Suicide</th>
<th>California</th>
<th>Colorado</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging (9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearms (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanging (10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearms (8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Suicide

- 75% made at least one ED visit
- 39% made at least three ED visits

Notes

- 17% had documented substance use disorder
- 54% had documented psychiatric disorder
- 10% had prior suicide attempt
- 50% occurred 6+ months postpartum
- Created MMRC-V to review deaths by homicide, suicide, and overdose

MASSACHUSETTS

Pregnancy-Related Deaths, 2005-2014

SUBSTANCE USE

- 38% of deaths were related to substance use
- Deaths related to substance use increased from 8% to 40% in 10 years

MENTAL HEALTH

- 50% of deaths had documented mental health diagnosis
- 92% were documented prior to delivery

Citations

1 ACOG Committee Opinion 757 (2018)
11 Illinois Maternal Morbidity and Mortality Report. October 2018
12 Massachusetts Maternal Mortality and Morbidity Review. Spring 2018