Maternal Suicide In the U.S.

20/20 mom™

Visionaries for the Future of Maternal Mental Health

September 2022

EXECUTIVE SUMMARY

Introduction

Maternal suicide is a leading cause of maternal mortality in the US.[1] As national and state efforts to address maternal mortality through improved public health data collection have increased, maternal suicide has emerged as one of the top three causes of pregnancy-associated deaths, highlighting the need to address maternal suicide as a contributing factor of maternal mortality in the US.[2] It is estimated that up to 20% of maternal deaths are due to suicide,[3] making maternal suicide deaths more common than deaths caused by postpartum hemorrhage or hypertensive disorders.[4] –

The negative impact of maternal mental distress and illness on child development is well-documented, as well as the impact of maternal suicidality on child wellness. Thus, it is important to further examine how to prevent maternal suicides through clinical, systems, and policy shifts.

Risk Factors

The most potent risk factors are personal and/or family history of psychiatric disorders, a prior suicide attempt, and/or suicidal ideation (thoughts about suicide).[5] The following points further explain these risk factors:

- Increased symptoms of anxiety have been linked to frequent thoughts of self-harm in depressed postpartum women.[6]
- A bipolar disorder diagnosis puts a woman at increased risk for postpartum psychosis, thus also increasing their risk for maternal suicide.[6]
- According to the CDC, 34% of pregnancy-related suicides had a documented prior suicide attempt.[7]
- Women with a postpartum psychiatric admission were 70 times more at risk of suicide in their first postpartum year.[8]

Race & Maternal Suicide

Recent research reveals that different racial groups have higher risk for various aspects of suicide risk:

- American Indians & Alaska Natives have much higher rates of pregnancy-associated drug-related death and suicide compared with all other racial or ethnic groups.
- Non-Hispanic White people have the second highest rates of pregnancy-associated drug and suicide death. Death records from The National Center for Health Statistics (NCHS) indicate that pregnancy-associated suicide is more likely to occur in older and non-Hispanic White women.[9]
- Non-Hispanic Asian and Pacific Islander people, have the third highest ratio for suicide. Asian women are 9 times more likely to report suicidal ideation than their white counterparts.
- Women who self-report as "other race" are almost 3 times more likely than White women to report suicidal ideation in the postpartum period.[10]
- Hispanic and Black women are 2 times more likely to report suicidal ideation than white women.[11]

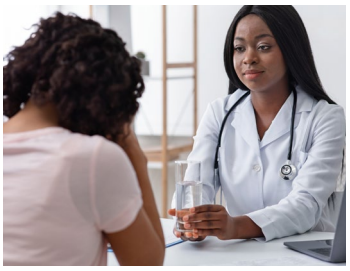
Screening for Maternal Suicide Risk

Currently, front line providers like Ob/Gyns, may screen for maternal depression or anxiety using tools like the Patient Health Questionnaire (PHQ) or Edinburgh Perinatal Depression Scale (EPDS) but fail to screen for suicide risk if the patient identifies suicidal thoughts. This is important, as a suicidal thought does not mean someone is suicidal. The Columbia-Suicide Severity Rating Scale (C-SSRS) and Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) screeners and the Ask Suicide-Screening Questions (ASQ)

Tool are prominent evidence-based suicide screening and risk assessment tools that should be used to assess for suicide risk in the perinatal and postpartum period by front-line providers like Ob/Gyns.[12,13]

As many national and professional organizations have released depression and anxiety screening recommendations for the perinatal and postpartum population, these recommendations should be amended to also include suicide screening recommendations and protocols.

Treatment



Historically, clinicians have sought to treat patients with suicidal behavior and thoughts by solely treating their mental health problems (such as depression, anxiety, substance use disorder).[14] Recent research shows that effective treatment for suicide risk must target suicidal ideation and behaviors specifically, through evidence-based models of treatment designed specifically to reduce suicidal behavior/attempts.

Evidenced-based Interventions

Evidence-based intervention and treatment for suicide risk are designed to specifically target suicide risk. These following interventions have been proven to be effective in reducing suicidal thoughts and behaviors:

- Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
- Dialectical Behavioral Therapy (DBT)
- Collaborative Assessment and Management of Suicidality (CAMS)

Least Restrictive Care

Recent research has suggested that treatment should be carried out in the least restrictive setting possible for the patient.[15] This is a new paradigm for health care providers, as most tend to refer patients to the ER for assessment and treatment. It is important for health system leaders and policymakers to ensure there are adequate outpatient services and for the front-line clinicians to be adequately trained to develop an outpatient intervention, with an abundance of appropriate support, and avoid hospitalization if possible.[16]

Zero Suicide: A Model for Maternal Suicide Prevention

As suicide is a complex problem, effective suicide prevention requires a range of interdisciplinary strategies, policies, and interventions. Today, Zero Suicide is considered the gold standard for suicide care in the US health care system.[17] Recent research has shown that implementation of Zero Suicide practices has reduced suicide in patients.[18]

The Zero Suicide Model is made up of seven elements: lead, train, identify, engage, treat, transition, and improve. These elements are what experts in the field of suicide prevention have identified as the core components of safe care for individuals with suicidal thoughts and urges. Each of these elements make up a part of the holistic approach to suicide prevention within health and behavioral health care systems.[19]

As maternal suicide has only begun to garner much needed attention the last few years, research specific to maternal suicide prevention strategies has been scarce. Since the Zero Suicide model has been effective across many populations, the adoption of the model and practices into maternal healthcare system would be a step in the right direction towards preventing maternal suicide.

Data Collection on Maternal Suicide in the United States

Developing a process and method for data collection on maternal suicides has only recently begun in many states. Collecting national data on maternal suicide has been a challenge over the years due to the lack of standardization in measurement, methodology and definition.[20] The US currently does not require states to report maternal suicide rates.[21] In addition, the state-based healthcare infrastructure has caused additional challenges as data collection benchmarks and definitions vary from state to state and death by suicide may not be reviewed or reported in some states.

Maternal Mortality Review Committees (MMRCs)

Maternal Mortality Review Committees are currently considered the gold standard for data collection on maternal suicide.

These committees are formed at the state and sometimes at the city levels and are multidisciplinary. They include representatives from public health, obstetrics and gynecology, maternal-fetal medicine, nursing, midwifery, forensic pathology, mental and behavioral health, patient advocacy groups, and community-based organizations. Each committee performs a comprehensive review of maternal deaths during pregnancy and within a year of the end of a pregnancy.

Conclusion

Maternal Suicide is a leading cause of preventable maternal death and garners more attention through the support of state and federal reporting efforts. Front-line providers, like Ob/Gyns, can and must play a role in screening to detect suicide risk (not just the presence of suicidal thoughts) and assess for safety at home. Evidence-based suicide treatment to reduce suicidal ideation exist, including therapies like CBT-SP, DBT, and CAMS. Additionally, research shows that it is imperative to treat suicidality in the least restrictive setting, a paradigm shift for the healthcare system. Maternal healthcare systems have an opportunity to reduce maternal suicide by putting these protocols in place, and should explore the Zero Suicide Framework.

Read more about maternal suicide, data collection, and opportunities for improved systems and policy changes in our upcoming report on maternal suicide.

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