

Is pregnancy-associated suicide preventable?

New California report explores pregnancy-associated suicide.



A new California Pregnancy-Associated Mortality Review (CA-PAMR) report takes an in-depth look at deaths from suicide among pregnant women and among those who were pregnant within the prior year, between 2002 and 2012. While rare, pregnancy-associated suicide is a tragic event that serves as a call to action for public health professionals and maternity care clinicians.

Background

CA-PAMR is a statewide examination of pregnancy-associated deaths, or deaths while pregnant or within a year after pregnancy, using enhanced surveillance methodology and in-depth case review by a multidisciplinary committee of clinical experts in maternal, perinatal and public health. CA-PAMR

is an ongoing collaborative effort between CDPH/MCAH and partners at the California Maternal Quality of Care Collaborative (CMQCC) and the Public Health Institute (PHI).

This new report has several key findings:



51% of suicide cases had a good to strong chance of preventability with missed opportunities to intervene.



The majority of women (83%) died in the late postpartum period, 43-365 days following the end of pregnancy: 36% died between 43 days and 6 months and 47% died more than 6 months postpartum.



Mental health conditions were highly prevalent: 62% of women had reported mental health conditions before becoming pregnant and 25% had new onset conditions noted during or after pregnancy. Nearly a quarter of women (23%) had a reported family history of mental health conditions.

Key findings continued:



Depression (54%), psychosis (24%), and bipolar disorder (17%) were the most prevalent diagnostic impressions identified. Substance use, including alcohol and tobacco, was a common co-occurring condition with all mental health disorders.



Nearly one-third (32%) of women used illicit drugs (methamphetamine, cocaine, heroin) or abused prescription opioids during or after pregnancy; heavy alcohol use was noted in 17% of women. Substance abuse was identified as a precipitating factor to the suicide in 29% of women.



Approximately 85% of women had one or more psychosocial stressors documented near the time of death (e.g., interpersonal conflict with partner, financial hardship, exposure to violence as a child or adult).

In the report, the CA-PAMR committee provides data-informed recommendations for preventing pregnancy-associated suicide. Implementing innovative solutions and assuring their sustainability are critical in California's success in saving mothers' lives.



CA-PAMR recommendations address the following key areas:

- ▶ A need for improved obstetric care to better coordinate with psychiatry and mental health regarding treatment, as needed.
- ▶ A need for pregnancy and postpartum care and support related to pregnancy loss or removal of the child from mother.
- ▶ A need for better screening for mental health conditions during and after pregnancy, as well as screening for substance use, adverse childhood experiences, medical diagnoses, and intimate partner violence.
- ▶ A need for partners and family members to have linguistically and culturally appropriate information and support regarding their loved one's mental illness.

For the full list of committee recommendations and to learn more about maternal suicide in California, read the full report now: cdph.ca.gov/pamr