

# MATERNAL SUICIDE IN THE PERINATAL PERIOD

## Question

**What is the epidemiology of suicides during pregnancy and the first postpartum year?**

## Background

Death by suicide during the perinatal period has been understudied in Canada. Little is known about the true extent of the problem or the steps that can be taken to prevent it.

## Study

- Retrospective, population-based cohort study
- Health administrative databases and coroner death records (1994–2008) for Ontario, Canada
- Sociodemographic characteristics, clinical features and health service use in the 30 days and 1 year before death

## Results

• In Ontario 1994–2008 •

### SUICIDE

accounted for

**1 in 19** maternal deaths

### AVERAGE TIME OF SUICIDE

**5 MONTHS** of pregnancy   **7 MONTHS** postpartum

### MOST COMMON MEANS OF SUICIDE

**33% HANGING**   **20% JUMPING OR FALLING**

Most had an **anxiety or mood disorder** rather than a psychotic disorder.

Patients were more likely to have seen a **primary care provider** for a mental health reason and less likely to have seen a psychiatrist.

### CONTACT WITH A MENTAL HEALTH PROFESSIONAL

**71%** in the **YEAR BEFORE** suicide

**39%** in the **30 DAYS BEFORE** suicide

## Interpretation

1. Death by suicide occurred throughout the perinatal period. The more lethal means of suicide in the perinatal group suggest that women who are suicidal may be at higher risk for suicide completion within rather than outside the perinatal period.
2. Many of the women at risk could be identified from their psychiatric history. The consequences of nonpsychotic postpartum mental disorders (i.e., mood or anxiety disorder) should not be underestimated.
3. Suicide surveillance and mental health intervention must focus on pregnancy and must continue well into the first postpartum year.