



## KEY FACTS

- Suicide and overdose combined are the **leading cause** of maternal death in the first year following childbirth.<sup>1</sup>
- Suicide accounts for up to 20% of maternal deaths that occur during the postpartum period.<sup>2</sup> Peak incidence is in the late postpartum period (9–12 months).<sup>3</sup>

## RISK FACTORS <sup>4,5</sup>

Previous suicide attempt

History of abuse

Unplanned pregnancy

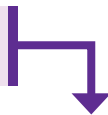
Substance use disorder

Personal or family history of mental health disorders

Mental health conditions are the most common complications of pregnancy and childbirth<sup>6</sup> and **85% of cases** go without treatment.<sup>7</sup>

A study in Massachusetts<sup>8</sup> found that **50% of new mothers who completed suicide** had a documented mental health diagnosis.

Women of color have **higher rates of perinatal depression** and are less likely to receive treatment.<sup>9</sup>



## PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)



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9. Trost, S., Beaugard, J., Chandra, G., Njie, F., Harvey, A., Berry, J., & Goodman, D. A. (2022). Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. CDC Division of Reproductive Health.

## UNDERSTANDING INTRUSIVE THOUGHTS

**Intrusive thoughts** are a common symptom of perinatal anxiety. Sometimes suicidal ideation is an intrusive thought for perinatal patients and does not represent intent.

Intrusive thoughts can be difficult to assess and distinguish from higher-risk symptoms of psychosis.

### Examples of Intrusive Thoughts:

“What if I drop the baby?”

To help distinguish the two, consider the following questions:

1. Is the patient distressed by these thoughts?
2. Does the patient recognize the thoughts as her/their own (is insight preserved)?
3. Are there other signs of psychosis such as hallucinations or delusional thinking?

“I need to shake the baby to make sure they’re still breathing.”

## UNDERSTANDING SUICIDAL IDEATION

**Suicidal Ideation** is used to describe a range of contemplations, wishes, and preoccupations with death and suicide.<sup>10</sup> It varies in duration, intensity, and character.

The fluctuating nature of suicidal ideation means that healthcare professionals should assess their patients routinely.

### Passive Suicidal Ideation

Thoughts that life is not worth living or a desire for death, but without a plan to take one’s own life.<sup>11</sup>

### Active Suicidal Ideation

Thoughts of suicide with a plan and/or intent to harm oneself.

“My family would be better off without me.”

“I could take all the pills from this bottle right now and not wake up.”

Passive

Active

10. Harmer, B., Lee, S., Duong, T., & Saadabadi, A. (2022). Suicidal Ideation. In StatPearls. StatPearls Publishing.

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## SCREENING FOR SUICIDE RISK

Consider incorporating one of these screening tools into your visits with perinatal patients if you are not already using one. Whatever screening tool is used, it should be given to all patients.

Keep in mind that patients don't always feel comfortable telling their providers about their suicidal thoughts, particularly during pregnancy and postpartum due to fears of being perceived as a bad parent or of being separated from their children.

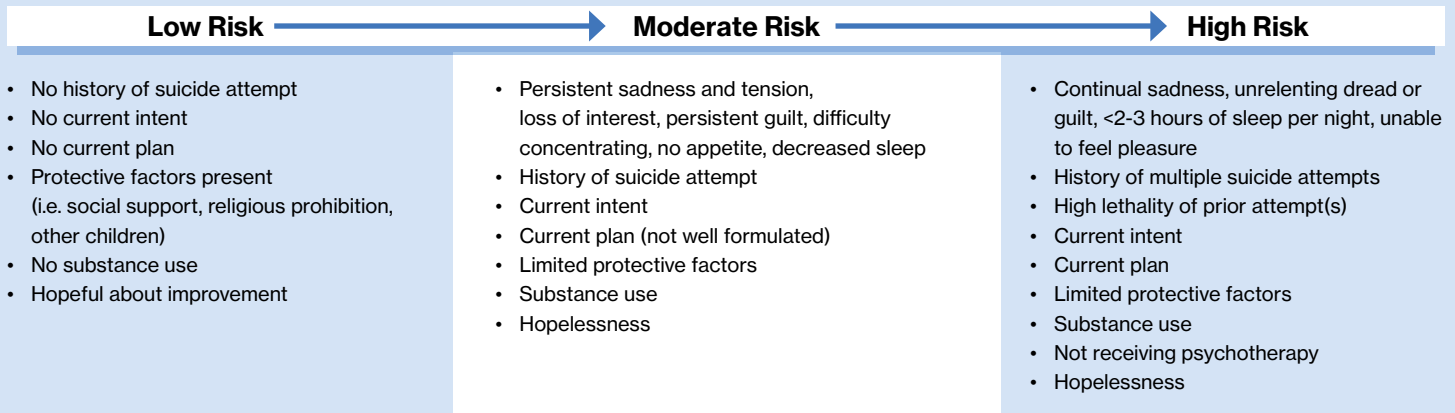
What is most important is that you foster an **environment where patients feel safe** to disclose their thoughts and feelings about suicide to you, even when those thoughts may feel very scary to them.

### What do I say?

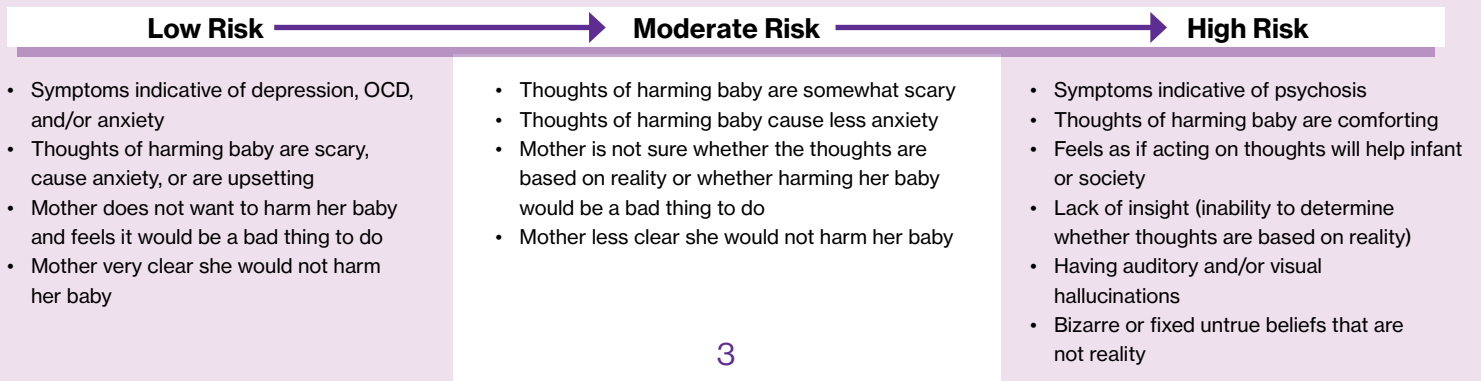


*"It is common for new parents to have intrusive or scary thoughts. When people are suffering, they often have thoughts about death or wanting to die. These thoughts can feel awful, and we don't want you to feel alone. We ask all patients if they are having thoughts of hurting themselves or their baby so that we can identify the best way to help."*

## ASSESSING SUICIDAL IDEATION



## ASSESSING THOUGHTS OF HARMING BABY



### Depression Screening Tools with Suicide Question Included

- [Patient Health Questionnaire-9](#)
- [Edinburgh Postnatal Depression Scale](#)

### Suicide Specific Questionnaires

- [Columbia-Suicide Severity Rating Scale](#)
- [National Institute of Mental Health Ask-Suicide Screening Questions](#)

## WHAT DO I SAY?

- Normalize how stressful parenthood is and validate any feelings of anxiety and depression.<sup>12</sup>
- Don't be afraid to ask specific and direct questions, such as:

? *How are you feeling about being pregnant/a parent?*

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? *What things are you most worried about?*

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? *Is there anyone you feel comfortable with talking about your anxieties?*

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? *Are you having thoughts of killing yourself right now?*

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? *Who do you have for support?*

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? *What are your hopes for the future?*

## HOW DO I HELP PATIENTS TO STAY SAFE?

A safety guide is a prioritized written list of coping strategies and sources of support. Here are some resources you can use when you want to contract with your patient for safety.

- [Safety Planning Quick Guide for Clinicians](#)
- [Suicide Safe by SAMHSA \(Substance Abuse and Mental Health Services Administration\)](#)
- [Patient Safety Plan template](#)
- [Stanley-Brown Safety Plan](#)



Learn more at  
**ncmatters.org**

## WHAT ELSE CAN I DO TO SUPPORT PATIENT SAFETY?

- Healthcare professionals in North Carolina can call NC MATTERS to get support with assessing risk, safety planning, and finding resources for perinatal patients.
- Learn your local resources, including your local mobile crisis unit, to aid with referrals for patients with mental health or substance use disorders.
- Ensure scheduling of postpartum follow-up appointments for individuals with history of mood disorders or substance use disorders.
- Find out if your patient has started or stopped taking any medications during pregnancy or lactation. Some medications have been found to be associated with an increased risk of suicidality. Stopping medications abruptly can increase the risk of mood symptoms and therefore increase the risk of suicide.

## ADDITIONAL RESOURCES

NC MATTERS is a free consultation service for North Carolina healthcare professionals working with pregnant and postpartum women with mental health concerns.

To contact a perinatal psychiatrist for support, please call: 919-681-2909.

If your patient is actively suicidal, call the

- [North Carolina Mobile Crisis Team](#):  
+ East: 844-709-4097  
+ West: 888-573-1006

Supply these national hotline numbers to your patient:

- [National Maternal Mental Health Hotline](#): 833-9-HELP4MOMS
- [National Suicide Prevention Lifeline](#): 988
- [National Domestic Violence Hotline](#): 800-787-3224

12. Maternal Mental Health & Maternal Suicide Tip Sheet. (2020). National Suicide Prevention Lifeline. <https://static1.squarespace.com/static/56d5ca187da24ffed7378b40/t/5f9639d1eb2c5661f92362bd/1603680726079/Lifeline+%26+2020+Mom+Maternal+Mental+Health+Tip+Sheet.pdf>