

## Post-partum suicide attempt risks studied

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Although maternal suicide after giving birth is a relatively rare occurrence, suicide attempts often have long-lasting effects on the family and the infant. In a study published in the August 2008 issue of the *American Journal of Obstetrics & Gynecology*, researchers compared two populations of mothers and found that a history of psychiatric disorders or substance abuse was a strong predictor of post-partum suicide attempts.

Using the hospitalization and birth records from Washington State, USA, from 1992 to 2001, the researchers found that 335 women had been hospitalized for suicide attempts. Another 1420 women who had given birth but had not been hospitalized for a suicide attempt served as a control group.

After adjusting for fetal or infant death and other variables, women who had been previously hospitalized for psychiatric disorders were more than 27 times as likely to attempt suicide as women without this medical history. Women with a history of substance abuse were six times as likely to attempt suicide, while psychiatric hospitalization and substance abuse together increased the risk by 11 times.

Writing in the article, Katherine A. Comtois, PhD, lead investigator from the Harborview Injury Prevention and Research Center and the University of Washington School of Medicine, states, "In the current study, we focused on preexisting psychiatric risk factors for postpartum suicide attempts resulting in hospitalization. Most importantly, a prior psychiatric or substance use diagnosis among postpartum women



significantly increased the risk of a serious postpartum suicide attempt. One implication of this study is that screening for past history of psychiatric and substance use diagnoses as part of routine prenatal care may be a means of identifying women at high risk of postpartum suicide attempt, although a recent review of prenatal screening for depression cited insufficient evidence to recommend screening as a way to improve outcomes."

A recent recommendation from The American College of Obstetricians and Gynecologists suggested screening for psychosocial risk factors, including depression during prenatal care. This article emphasizes the need for more careful follow-up of postpartum women with current or past psychiatric diagnoses or substance use. The authors continue, "Future studies should evaluate the effectiveness of screening for psychiatric and substance use disorders on decreasing adverse outcomes such as suicide attempts during the postpartum period. If found to be effective, such interventions may prevent the devastating impact associated with postpartum suicide attempt."

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