

Maternal suicide in pre-and postnatal periods in Ontario

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One of every 19 deaths in pregnant and new mothers in Ontario is due to suicide, highlighting the need for stronger mental health supports during and after pregnancy, according to a new study published in *Canadian Medical Association Journal*. The study also found that women who died by suicide during the perinatal period (i.e., during pregnancy and within one year after birth) used more lethal methods, such as hanging or jumping, rather than drug overdose, the most common means of suicide for nonperinatal women.

"These findings suggest that perinatal women who are suicidal may be at higher risk to complete [suicide](#) than women outside the [perinatal period](#)," writes Dr. Sophie Grigoriadis, Women's Mood and Anxiety Clinic, Sunnybrook Health Sciences Centre, Toronto, Ontario, and coauthors.

Suicide is a leading cause of death during [pregnancy](#) and the first year after giving birth for women in developed countries.

This study linked coroner records on deaths by suicide with administrative health data indicating

whether there was a pregnancy, in Ontario between 1994 and 2008, for a total of 1648 deaths. Of these, 51 occurred during the perinatal period, with 20 during pregnancy and 31 during the postpartum period. In pregnant women, suicide on average occurred at 5 months and in the postpartum, about 7½ months after giving birth. Women living in urban centres of more than 100 000 people or small centres (less than 10 000 people) were more likely to die from suicide than women in other areas. The North West Local Health Integration Network (LHIN), a sparsely populated part of the province, had the highest rates of suicide.

The majority of women (71%) who died from perinatal suicide had been in contact with the health care system for [mental health](#) needs, compared with living mothers in the year prior to death (22%), but only about 40% had contact in the month before they died.

Most of the women who died during this period had a mood or anxiety disorder rather than a psychotic disorder, similar to findings in the United States.

"This serves as a reminder not to underestimate the possible serious consequences of nonpsychotic postpartum mental disorders," write the study authors.

Study limitations include a small sample size and the inability to analyze the potential use of other mental health services not covered by provincial health insurance, such as psychotherapists.

"With 1 in 19 maternal deaths attributable to suicide in Ontario, the findings of our study suggest that there is room to improve engagement of pregnant and postpartum women in perinatal [mental health services](#). Moreover, our suicide surveillance and mental health intervention efforts must focus on pregnancy and must continue well into the first postpartum year," the authors conclude.

More information: "Perinatal suicide in Ontario, Canada: a 15-year population-based study," *CMAJ* August 28, 2017 vol. 189 no. 34. [DOI: 10.1503/cmaj.170088](https://doi.org/10.1503/cmaj.170088)

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