

Maternal Mental Health and Suicide Risk

The first year following the birth of a child is a vulnerable time for a new mother. Physical, emotional, and hormonal changes, as well as new responsibilities can have a serious impact on a mother's well-being and family. These changes can make a mother more vulnerable to things such as depression, anxiety, and in some but rare cases, psychosis, often referred to as Perinatal Mood and Anxiety Disorders (PMAD). These disorders can often cause a woman to feel isolated and alone. Without proper support, mothers experiencing postpartum mental health concerns are at a higher risk for suicide, which is one of the leading causes of maternal-related deaths.¹ According to a recent study by the American Journal of Obstetrics and Gynecology, nearly 9 percent of females who died by suicide in the past 10 years were pregnant or recently postpartum.²

What is PMAD?

Perinatal mood and anxiety disorders are used interchangeably with postpartum depression. It serves as an umbrella term commonly referred to varying mental health conditions that can occur during the postpartum period, including:

- Postpartum Depression (PPD)
- Postpartum Anxiety (PPA)
- Postpartum Psychosis (PPP)
- Bipolar Mood Disorders
- Postpartum Obsessive Compulsive Disorder (PPOCD)
- Postpartum Post-Traumatic Stress Disorder (PPTSD)

Every culture, age, income level, and race can develop PMAD. Symptoms can appear any time during pregnancy or within the first year after childbirth. 15-21 percent of pregnant and postpartum women experience PMADs, with 1 in 7 affected by perinatal depression and 13-21 percent affected by perinatal anxiety.³

African American and Hispanic women have the highest prevalence of perinatal depression, primarily attributed to a lack of social support, access to care, and a history of trauma and prior depression.⁴

Fathers are also at risk for developing postpartum depression. Around 10 percent of fathers experience depression within the first year of their child's birth, especially 3-6 months postpartum. Fathers are also at a higher risk of PPD if mothers experience PMAD.⁵

Resources

Those looking for treatment for perinatal or postpartum depression should seek a women's health specialist with perinatal psychology training.

Postpartum Support International Helpline:
1-800-944-4773

Text "Help" to 800-944-4773 Text en Español:
971-203-7773

POEM Ohio

614-315-8989 or mhaohio.org/get-help/maternal-mental-health/

National Maternal Mental Health Hotline 1-833-852-6262

Call or Text the National Suicide and Crisis Lifeline at 988

References

- 1 Centers for Disease Control and Prevention. Four in 5 pregnancy-related deaths in the U.S. are preventable. [www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html#:~:text=The%20leading%20underlying%20causes%20of,to%20the%20heart\)%20\(13%25\)](https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html#:~:text=The%20leading%20underlying%20causes%20of,to%20the%20heart)%20(13%25).). Accessed July 17, 2023.

Risk Factors

Maternal mental health conditions can be caused by a number of risk factors including biological factors, social or environmental factors, or psychological such as:

- Low or no social support
- Family history of depression
- Difficulty getting pregnant/struggles with fertility
- Pregnancy with twins or multiples
- Preterm (before 37 weeks) labor and delivery
- Pregnancy and birth complications

Symptoms

PMADs have varying mental health conditions meaning the symptoms can range from feeling sad and depressed to thoughts of self-harm and suicide and are different for each woman. Here are some symptoms:

- Feeling sad or depressed or anxious
- Feeling irritable or angry to those around you
- Difficulty bonding with or caring for with the baby
- Problems with eating or sleeping and fatigue
- Having intrusive or upsetting thoughts
- Experiencing sudden mood changes
- Thoughts of suicide or self-harm
- Thoughts of hurting the baby or feeling like you don't want your baby⁶

Screening and Treatment

Undiagnosed and untreated perinatal mental health disorders can have devastating impacts on new mothers, infants, and families. Many new moms may experience feeling ashamed or guilty about their emotions, which can prevent them from seeking help. It is important to implement postpartum mental health screenings across the continuum of care and encourage more compassionate and supportive environments for new parents.

References Cont.

- 2 Obstetrics and Gynecology. Pregnancy-Associated Homicide and Suicide. journals.lww.com/greenjournal/Citation/2022/10000/Pregnancy_Associated_Homicide_and_Suicide_An.6.aspx. Accessed July 17, 2023.
- 3 National Library of Medicine. Prevalence and predictors of symptoms of Perinatal Mood and anxiety Disorders among a sample of Urban Black Women in the South. www.ncbi.nlm.nih.gov/pmc/articles/PMC9054427/. Accessed July 17, 2023.
- 4 National Library of Medicine. A focus on postpartum depression among African American women: A literature review. pubmed.ncbi.nlm.nih.gov/31046035/. Accessed July 17, 2023.
- 5 National Library of Medicine. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. <https://pubmed.ncbi.nlm.nih.gov/20483973/>. Accessed July 17, 2023.
- 6 Cleveland Clinic. Postpartum Depression. my.clevelandclinic.org/health/diseases/9312-postpartum-depression. Accessed July 17, 2023.

ABOUT OHIO SUICIDE PREVENTION FOUNDATION

OSPF gives hope to those in crisis, strength to those in the struggle, and comfort to those in grief. OSPF is a non-profit organization that works tirelessly to help all of Ohio's communities reduce the risk of suicide. Our work includes supporting those impacted by suicide, raising awareness of mental health issues, and coordinating community resources and evidence-based prevention strategies across the state.



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