Demographic and Psychosocial Factors Associated with Suicide Mortality Among Childbearing-Aged Individuals: A Case-Control Study

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INTRODUCTION

• Suicidal ideation and non-fatal intentional self-harm are more common among perinatal individuals than those in the general population (especially in the year preceding and following childbirth).4
• Although pregnancy has been thought to be protective against suicide,1 existing evidence shows perinatal losses (e.g., miscarriage, abortion, stillbirth) represent significant stressors which may increase risk for suicide.2
• The rates of suicide among childbearing women has increased 45% since 2001.3
• Study goal: Examine psychosocial, demographic, and healthcare-utilization factors as potential risk and protective factors associated with suicide among child-bearing aged women to better inform mental health care and suicide-prevention efforts in this population

METHODS

• Retrospective case-controlled chart review
• 290 women ages 16-45 who died by suicide between 2000-2015
• Each case matched with 10 women who did not die by suicide (n=2900, controls)
• Nine systems in the Mental Health Research Network referenced
• Conditional logistic regression was used to investigate the relationship between pregnancy/postpartum status and suicide death in this matched case-control study

DEPENDENCIES

• Diagnosed mental health disorder
• ED visit in the previous year
• Pregnancy loss
• Risk of suicide during the perinatal period was decreased in individuals in the following categories:
  • Non-Hispanic White
  • Pregnancy in year before index date
  • Post-partum in year before index date

RESULTS

• Risk of suicide during the perinatal period was increased in individuals in the following categories:
  • Diagnosed mental health disorder*
  • ED visit in the previous year*
  • Pregnancy loss

CONCLUSIONS

• Although pregnancy and childbirth may be protective against suicide, perinatal loss may confer greater risk of suicide
• Study population is small, therefore further research is needed
• Qualitative research suggests there is a general lack of evidence-based guidance and resources for supporting women who experience pregnancy loss during the perinatal period.3
• Women of racial minority status with preexisting mental health and/or substance use disorders
• Risk is likely compounded in women who are of racial minority status with preexisting mental health and/or substance use disorders