
Congressional Briefing on Maternal Suicide
September 10, 2024 12-1:30pm EST
POLICY CENTER FOR Maternal Mental Health™
American Foundation for Suicide Prevention

Moderator

Benjamin Miller, PsyD

Board Member
Policy Center for Maternal Mental Health

American Foundation for Suicide Prevention

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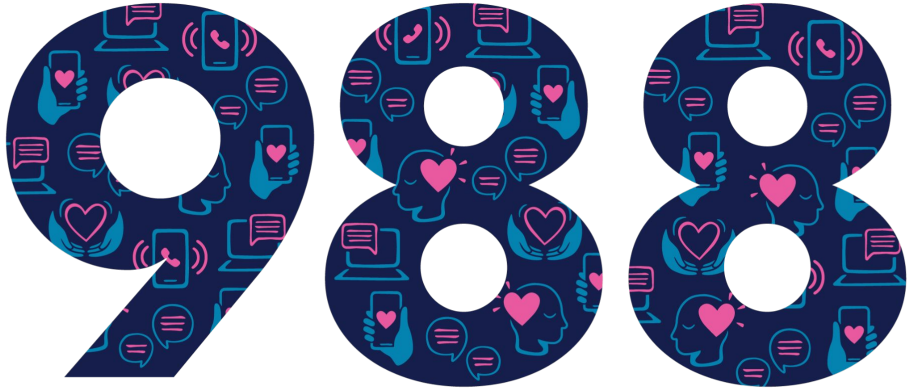
It’s National Suicide Prevention Day



No Judgment. Just Help.

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Maternal Mental Health 20s

- 20% of the perinatal population will suffer from a MMH disorder
  - A range of disorders, it's not just depression and not just the postpartum period (new onset happens as frequently in pregnancy)
- Less than 20% are screened for MMH disorders
- Less than 20% receive treatment
- Roughly 20% of maternal deaths are due to suicide

A moment of silence

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Representative Don Beyer (D-VA)

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A Mother's Story: Jigyna Patel

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Suicide Prevention: An Overview

By: Dr. Jill Harkavy-Friedman

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Words Matter

Language Do's and Don'ts

Avoid	Say
"Committed suicide"	"Died by suicide" "Ended his/her life" "Killed himself/herself"
"Failed" or "successful" attempt	"Suicide attempt" or "death by suicide"

https://www.irmi.com/articles/expert-commentary/language-matters-committed-suicide

Terminology

Maternal Mental Health

Reproductive Mental Health

Perinatal Mental Health

Perinatal Depressive Disorder

Postpartum Mental Health

Words Matter

If you Hear This…

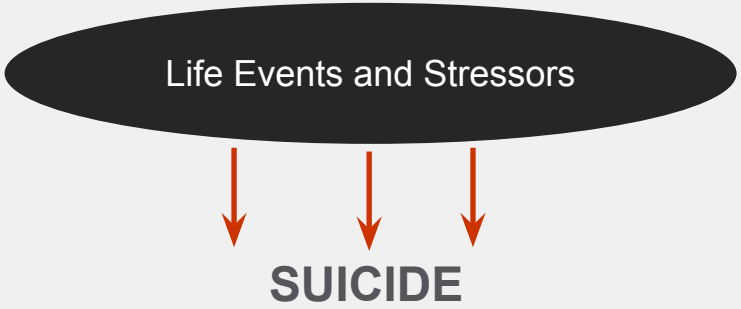
1. Mental health conditions don't cause pregnancy-related deaths.
2. No way someone who has a new baby is depressed. It's a time a of joy.
3. I understand being anxious before birth, but once you hold that bundle of joy, it's love.
4. Even if a parent has postpartum depression, it's not that serious, and they can easily access treatment.
5. I don't know why there's so much attention being spent on the mental health of pregnant people of color. White people have perinatal mental health disorders, too.
6. I can't believe they're taking medication for mental illness while pregnant. They don't care for their baby.

Consider Responding With …

1. I wish you were right, but mental health conditions are the leading cause of pregnancy-related deaths.
2. Pregnancy and having a baby can be hard. In fact, 20% of individuals experience a mental health condition during this time.
3. Anxiety can happen any time during the perinatal and postpartum periods.
4. Over half of pregnant and postpartum individuals with depression don't receive treatment, and 20% of postpartum deaths are due to suicide.
5. You're right, white people can experience perinatal mental health disorders, but people of color are more likely to experience them and less likely to receive treatment and support.
6. Treatment benefits generally outweigh risks to the baby, and untreated behavioral health disorders can cause poor perinatal and neonatal outcomes.

https://www.aha.org/news/headline/2023-11-07-new-people-matter-words-matter-poster-maternal-mental-health

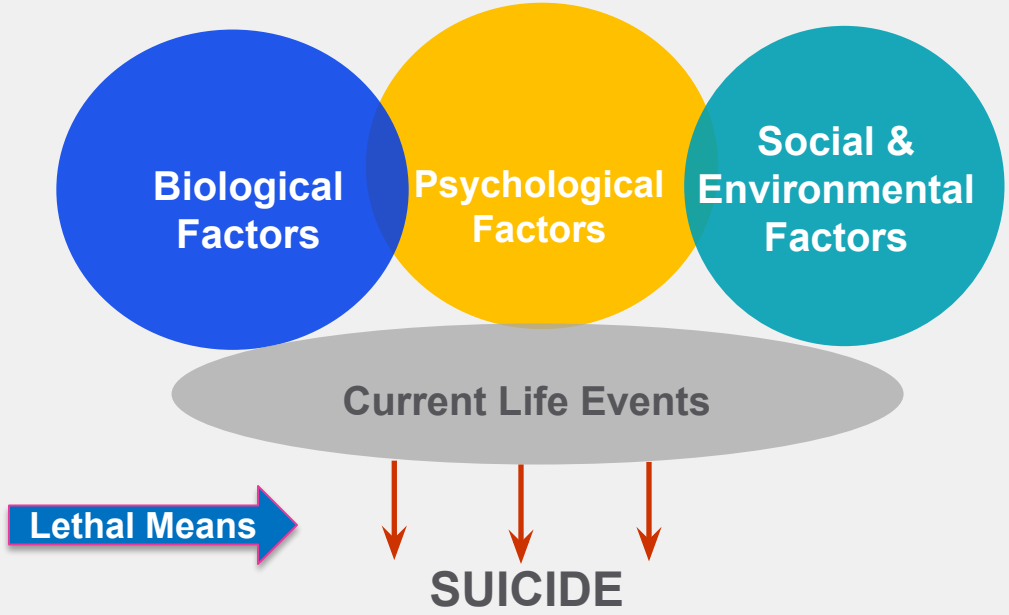
Interacting Risk and Protective Factors



Harkavy-Friedman, JM, Moutier, CY (2019) presented at the annual meeting of the American Association of Suicidology, Washington, DC.
2018 **National Academy of Sciences, Improving Care to Prevent Suicide among People with Serious Mental Illness – A Workshop**, Speaker, Washington, D.C., September 2018. Proceedings published December 28, 2018,
http://www.nationalacademies.org/hmd/Reports/2018/improving-care-to-prevent-suicide-among-people-with-serious-mental-illness-proceedings.aspx

Interacting Risk & Protective Factors

model



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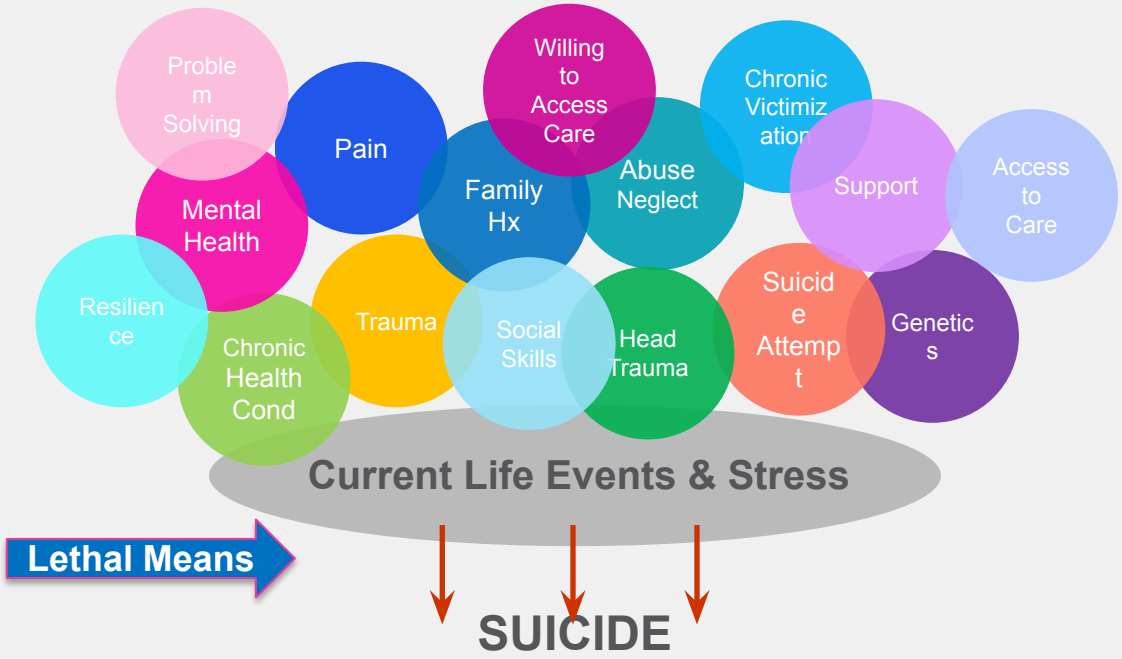

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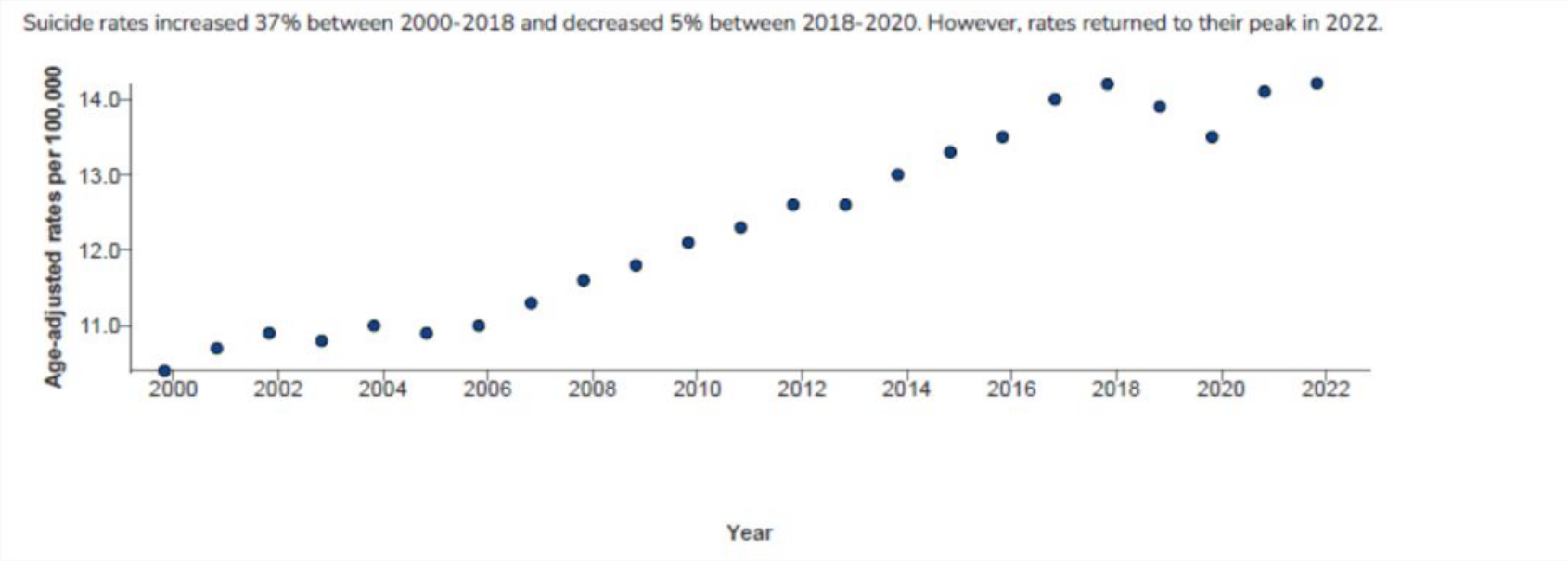
Scope of the Problem

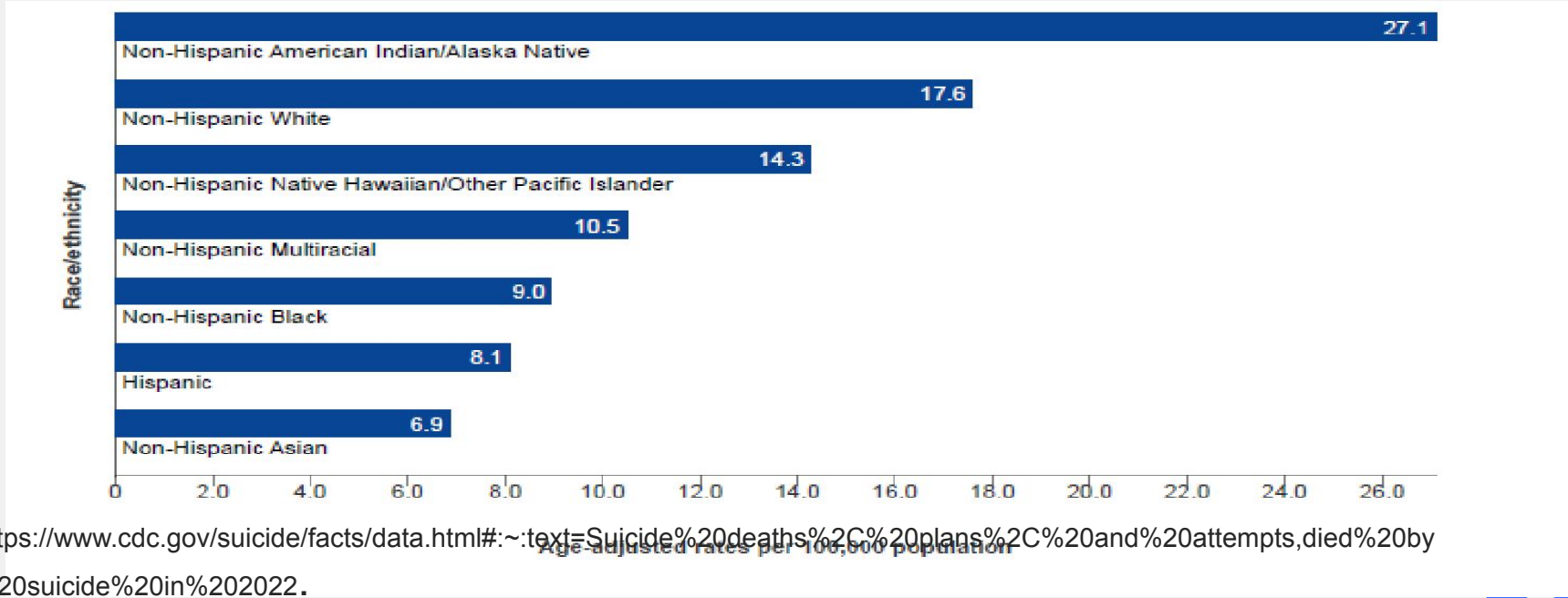
https://www.samhsa.gov/data/sites/default/files/reports/rpt42728/NSDUHDetailedTabs2022/NSDUHDetailedTabs2022/NSDUHDetTabsSect6pe2022.htm#tab6.68b

Suicide rates 2000-2022



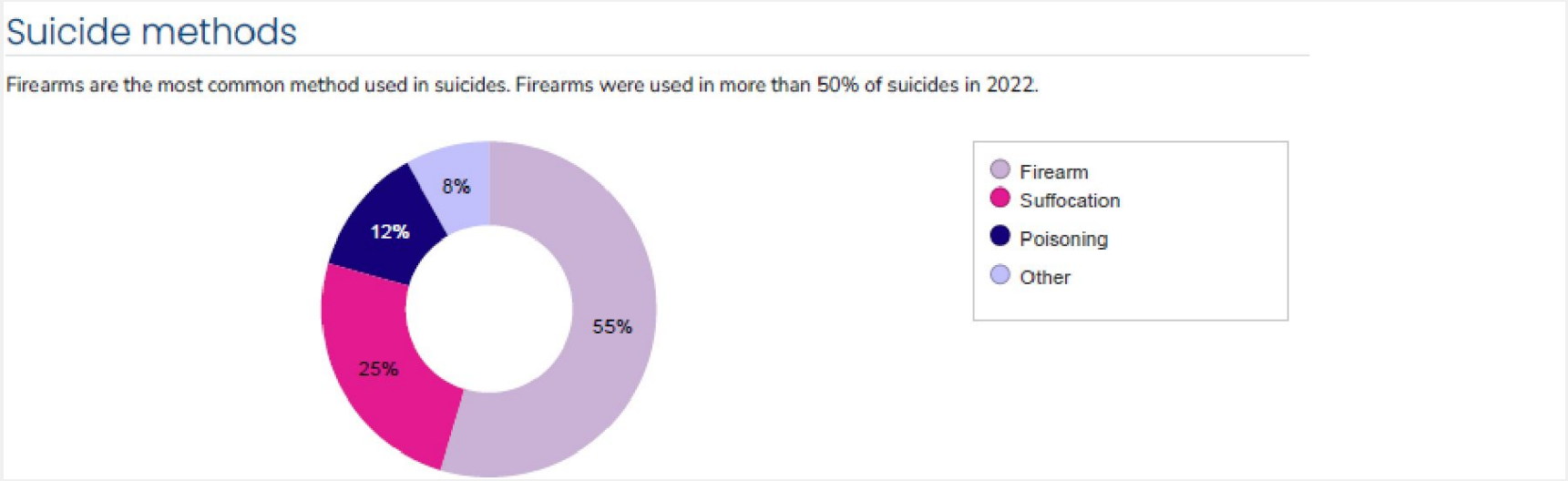
https://www.cdc.gov/suicide/facts/data.html#:~:text=Suicide%20deaths%2C%20plans%2C%20and%20attempts,died%20by%20suicide%20in%202022.

Suicide Rate by Race and Ethnicity 2022



https://www.cdc.gov/suicide/facts/data.html#:~:text=Suicide%20deaths%2C%20plans%2C%20and%20attempts,died%20by%20suicide%20in%202022.

Methods of Suicide in 2022



https://www.cdc.gov/suicide/facts/data.html#:~:text=Suicide%20deaths%2C%20plans%2C%20and%20attempts,died%20by%20suicide%20in%202022.

Risk Factors for Perinatal SIB

Individual: Younger age, being unmarried, Personal and/or family hx of SA or SI

Socioeconimic: Family conflict, exposure to (domestic) physical/psychological violence, loneliness and lack of social/family/partner support, partner who rejected paternity

Orsolini L, Valchera A, Vecchiotti R, Tomasetti C, Iasevoli F, Fornaro M, De Berardis D, Perna G, Pompili M, Bellantuono C. Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates. Front Psychiatry. 2016 Aug 12;7:138. doi: 10.3389/fpsyt.2016.00138. PMID: 27570512; PMCID: PMC4981602.

Risk Factors for Perinatal SIB

Environmental: social and gender inequalities, social and racial discrimination, belongs to an ethnic or religious minority, crowded or inadequate housing, living in rural areas, exposure to disaster, conflict, war

Gestational: unwanted/unintended pregnancy, nulliparity

Orsolini L, Valchera A, Vecchiotti R, Tomasetti C, Iasevoli F, Fornaro M, De Berardis D, Perna G, Pompili M, Bellantuono C. Suicide during Perinatal Period: Epidemiology, Risk Factors, and Clinical Correlates. Front Psychiatry. 2016 Aug 12;7:138. doi: 10.3389/fpsyt.2016.00138. PMID: 27570512; PMCID: PMC4981602.

Risk Factors

Clinical: Previous psychiatric disorders, history of SI or SA, Psychiatric Comorbidity

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Mental Health Conditions Experienced

Anxiety

Depression

Psychosis

Substance Use

Screening to Facilitate Prevention

The American Academy of Pediatricians (AAP), The American College of Obstetrics and Gynecology (ACOG), The U.S. Preventive Services Task Force (USPSTF), The Centers for Medicare and Medicaid Services (CMS) and others have prioritized and endorsed **screening for perinatal mental health disorders, mainly perinatal depression, and anxiety.**

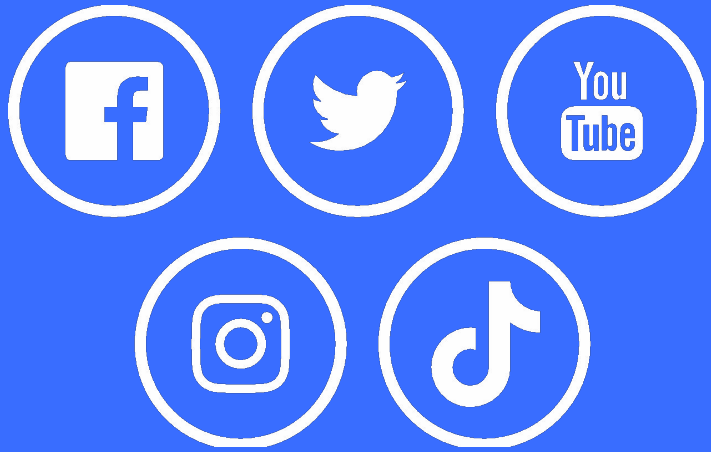
https://www.2020mom.org/blog/2024/1/2/maternal-suicide-in-the-us-issue-brief

Stepped Care Model

- Crisis Care and Support
- Brief Intervention
- Suicide-specific outpatient (CBT-SP, DBT, CAMS)
- Emergency Respite Care
- Partial hospitalization, with suicide-specific treatment
- Inpatient psychiatric hospitalization, with suicide-specific treatment

Resources

- Postpartum Support International https://www.postpartum.net/
- Mother2Baby: https://mothertobaby.org/
- Hear Her Campaign | CDC https://www.cdc.gov/hearher/index.html
- National Maternal Mental Health Hotline https://mchb.hrsa.gov/national-maternal-mental-health-hotline
- National Alliance for Mental Illness https://nami.org/Home



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American Foundation for Suicide Prevention

U.S. Centers for Disease Control and Prevention

Eliminating Preventable Maternal Mortality:
Using Maternal Mortality Review Committee (MMRC) data to address pregnancy-related mental health deaths

Sarah Foster, MPH
Associate Director for Policy, Partnerships, and Communication
Division of Reproductive Health

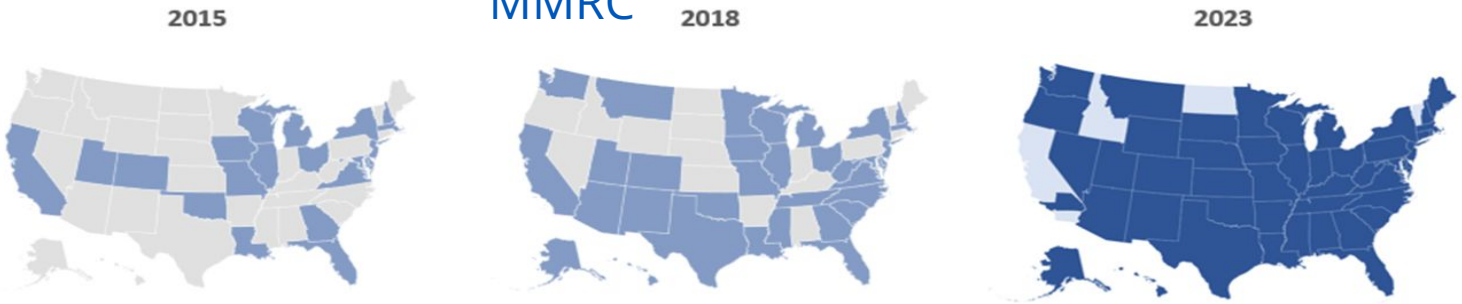
September 10, 2024

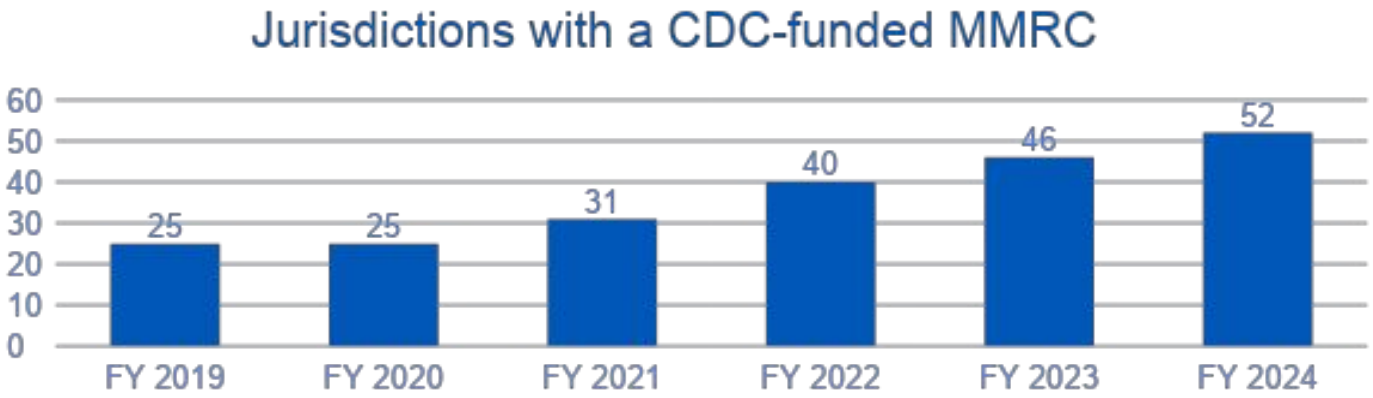
Building the Infrastructure: MMRCs provide the most complete picture of pregnancy-related deaths

- Can determine:
  - Timing of death in relation to pregnancy
  - Leading underlying causes of death
  - Circumstances of deaths
  - Preventability of deaths
- Data that drives action to protect health and improve lives

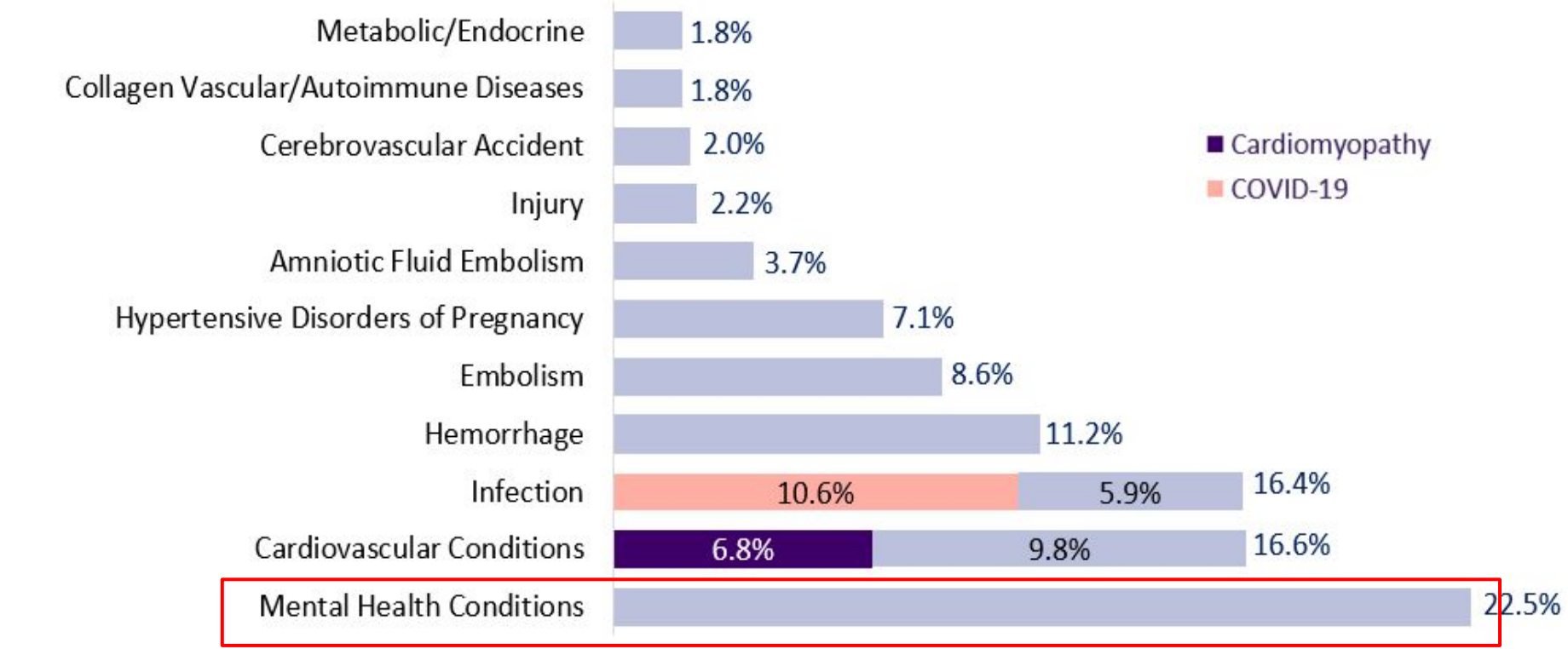
MMRC growth over time ….

States with an active MMRC





MMRCs in 38 U.S. States, 2020: Most frequent underlying causes of pregnancy-related deaths

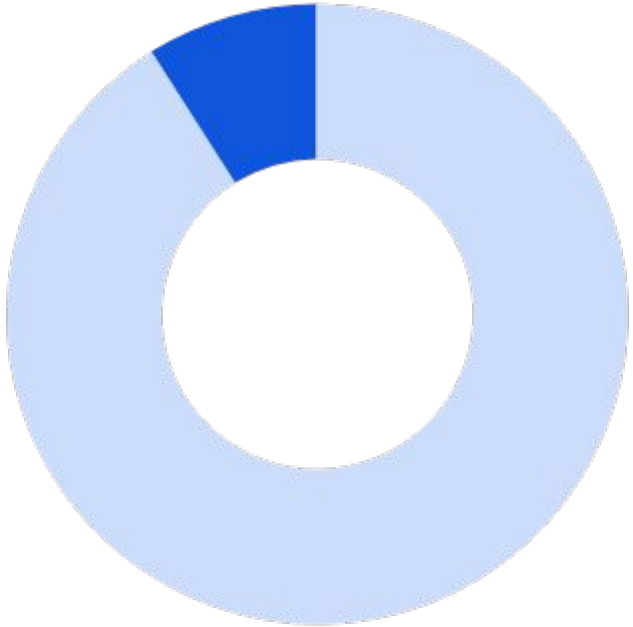


https://www.cdc.gov/maternal-mortality/php/data-research/index.html

MMRC-Determined Manner of Death

9%

of pregnancy-related deaths were determined to be a suicide (yes or probably)



Circumstances Surrounding A Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH				
DID **OBESITY** CONTRIBUTE TO THE DEATH?	☐ YES	☐ PROBABLY	☐ NO	☐ UNKNOWN
DID **DISCRIMINATION**[5] CONTRIBUTE TO THE DEATH?	☐ YES	☐ PROBABLY	☐ NO	☐ UNKNOWN
DID **MENTAL HEALTH CONDITIONS** OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	☐ YES	☐ PROBABLY	☐ NO	☐ UNKNOWN
DID **SUBSTANCE USE DISORDER** CONTRIBUTE TO THE DEATH?	☐ YES	☐ PROBABLY	☐ NO	☐ UNKNOWN

These circumstances are defined as whether obesity/substance use disorder/mental health condition/discrimination contributed to the death, and not just whether the circumstance was present.

MMRCs in 38 U.S. States, 2020: Committee determinations on circumstances surrounding death *mental health conditions other than substance use disorder*

- MMRCs determine whether a mental health condition other than substance use disorder contributed to the death, and not just whether the person had a mental health condition.
- Mental health conditions are present when the individual had a documented diagnosis of a psychiatric disorder (includes depressive, anxiety, psychotic, and bipolar disorders).
- The committee may determine that a mental health condition is a circumstance that contributed to the death when the condition directly compromised an individual's health or health care.

  For example, when a mental health condition, such as severe depression, impacted their ability to manage type II diabetes

- Mental health conditions was a circumstance in 26% of deaths.

MMRCs in 38 U.S. States, 2020: Committee determinations on circumstances surrounding death, *substance use disorder*

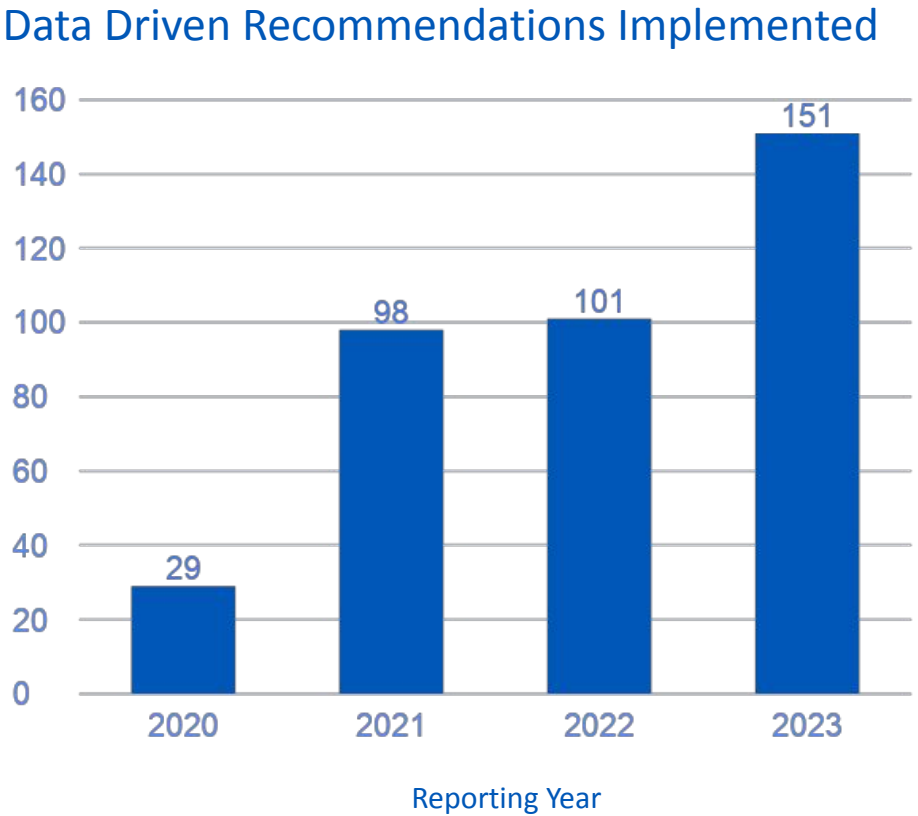
- MMRCs determine whether substance use disorder contributed to the death, and not just whether the individual had a substance use disorder.
- The committee may determine that substance use disorder is a circumstance that contributed to the death when the disorder directly compromised an individual's health or health care.

  For example, acute methamphetamine intoxication made preeclampsia worse, or they were more vulnerable to infections or medical conditions.
- Substance use disorder was a circumstance in about **25%** of deaths.

Over 80% of pregnancy-related deaths with an MMRC preventability determination were determined to be **preventable**

About half of pregnancy-related deaths occurred **1 week to 1 year** after the end of pregnancy

MMRC data are making a difference



- Utah launched a website where women and clinicians can search for providers specifically trained in maternal mental health screening and treatment.
- Louisiana realigned hospital licensing standards to ensure the levels of maternal care more closely aligned with the national guidelines.

Prevention Infrastructure at Work: Colorado

- MMRC identified need to address 1) stigma in the community and health care system; 2) fragmentation of the health care system; and 3) clinician training.
- PQC led a 3-pronged intervention to address these challenges and improve perinatal care.
  - Partnered with hospitals to institute universal screening and timely referral for individuals at risk of SUD and perinatal mood and anxiety disorders.
  - Established a perinatal support network within communities.
  - Enhanced in-hospital access to pharmacotherapy for pregnant and postpartum individuals through training and technical support.

Next Steps

- Continue to support MMRCs and PQCs to ensure robust data and quality improvement

- Strengthening related activities
  - CDC Hear Her Campaign
  - Risk Appropriate Care
  - Pregnancy Risk Assessment Monitoring System

Thank you

For more information, contact CDC Washington
202-245-0600
cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.

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Professor of Obstetrics and Gynecology, George Washington University School of Medicine

Identification and Treatment of Perinatal Mood Disorders

Objectives

- Describe perinatal mental disorders and their frequency
- Reproductive psychiatry
- Risk factors for perinatal mental illness
- Suicidality in the perinatal population
- Treatment options during pregnancy and lactation
- Suicide is preventable!
- Resources

Perinatal mental illness contributes to maternal complications

American College of Obstetrics and Gynecology (ACOG): "Perinatal Mood and Anxiety Disorders are associated with increased risks of maternal and infant mortality and morbidity and are recognized as a significant patient safety issue."

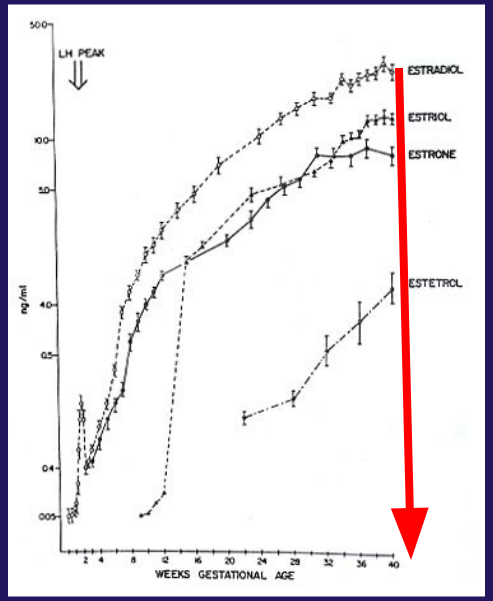
Obstetrics & Gynecology 2017;129:422–430

- **All Obstetric– Neonatal Complications**
  - Miscarriage
  - Hypertensive Disorders/ Preeclampsia
  - Preterm birth
  - Cesarean delivery
  - Low birth weight
  - NICU admission
- **Early Social – Emotional Impact**
  - Poor infant self-regulation
  - Insecure attachment
- **Long Term Impairments:**
  - Developmental and cognitive delays
  - Behavioral problems, psychopathology

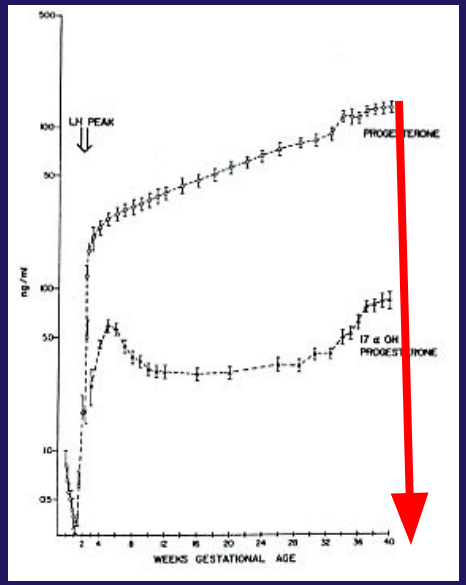
Endocrine Vulnerability – Postpartum-Onset Mood Disorders:

Estrogen drops to follicular levels within 24 h of delivery

ESTROGENS

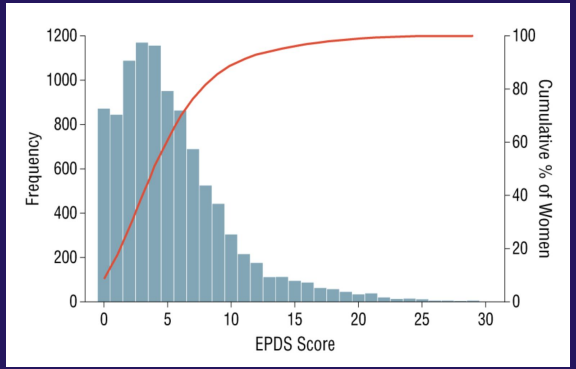


PROGESTINS



Disorganization of physiology due to labor and delivery pain/stress, circadian rhythm disruption, esp. sleep cycles, obstetrical complications

How many mothers have perinatal depression?



- N=10,000 screened, 14% positive screen 4 -6 wks postpartum
  (Edinburgh Postnatal Depression Scale-EPDS)
  Cox JL, et al. *Br J Psychiatry* 1987; 150:782-86
- Psychiatric interviews for women with positive screens
- The onset of the episodes for the women (N=826) was:
  - prior to pregnancy, N=219 (26.5%)
  - during pregnancy, N=276 (33.4%)
  - postpartum (within 4 weeks of birth), N= 331 (40.1%)'
- SDOH- Screen-Positive Mothers were younger, women of color, less education, public insurance, single/divorced

Wisner et al, JAMA Psychiatry. 2013;70(5):490-498.oi:10.1001/jamapsychiatry.2013.87

What are common Psychiatric Diagnoses in the post-birth period?

Primary Diagnoses, N = 826		
	N	%
Depressive Disorders	**566**	**68.5**
Major Depression- Recurrent	368	65.0
Major Depression - Single Episode	146	25.8
Depressive Disorder NOS	38	6.7
Adjustment Disorder With Depressed Mood	11	1.9
Mood Disorder NOS	2	0.4
Dysthymic Disorder	1	0.2
Bipolar Disorders	**187**	**22.6**
Bipolar 2 Disorder	58	31.0
BPD1-Recent Episode Depressed	54	28.9
Bipolar Disorder NOS	35	18.7
BPD1-Recent Episode Mixed	32	17.1
BPD1-Single Manic Episode	7	3.7
Schizoaffective Disorder	1	0.5
Anxiety Disorders	**46**	**5.6**
Generalized Anxiety Disorder	24	52.2
Obsessive-Compulsive Disorder	8	17.4
Anxiety Disorder NOS	8	17.4
Adjustment Disorder With Anxiety	3	6.5
Panic Disorder Without Agoraphobia	1	2.2
Post-traumatic Stress Disorder	1	2.2
Specific Phobia	1	2.2
Substance Use Disorders	**4**	**0.5**
Substance-Induced Mood Disorder	1	25.0
Alcohol Abuse/Dependence	1	25.0
Opioid Abuse/Dependence	1	25.0
Polysubstance Dependence	1	25.0
Other Disorders	**6**	**0.7**
No Diagnosis	**17**	**2.1**

Major Depressive Disorder with comorbid anxiety disorder (83%)
Generalized Anxiety Disorder
Panic Disorder. PTSD, OCD

Highest risk for onset or recurrence in women's lifetimes.

Bipolar disorder carries the highest rate of suicide of all psychiatric conditions--approximately 20–30 X the general population.

Postpartum Psychosis

- 1-2 /1000 births (probable underestimate, this is acute onset)
- Onset is variable
  - Rapid onset post-birth; bizarre behavior with delusions/ hallucinations, cognitive disorganization
  - Initial symptoms with progressively worsening psychotic symptoms also occurs
- Bipolar disorder! Mania, mixed state or depression with psychosis
- With treatment, the prognosis is positive
- Very high risk for recurrence after later births; preventive treatment (lithium or previously effective drug) is recommended
- https://www.youtube.com/watch?v=8qgV7Yug-xs (TED talk –lived experience, Rachel Watters)

CRIME & COURTS

Massachusetts woman charged with killing kids was a devoted mother and nurse, friends and colleagues wrote

In more than a dozen letters obtained by NBC News, those who know Lindsay Clancy describe her as someone who "lived and breathed for her children."

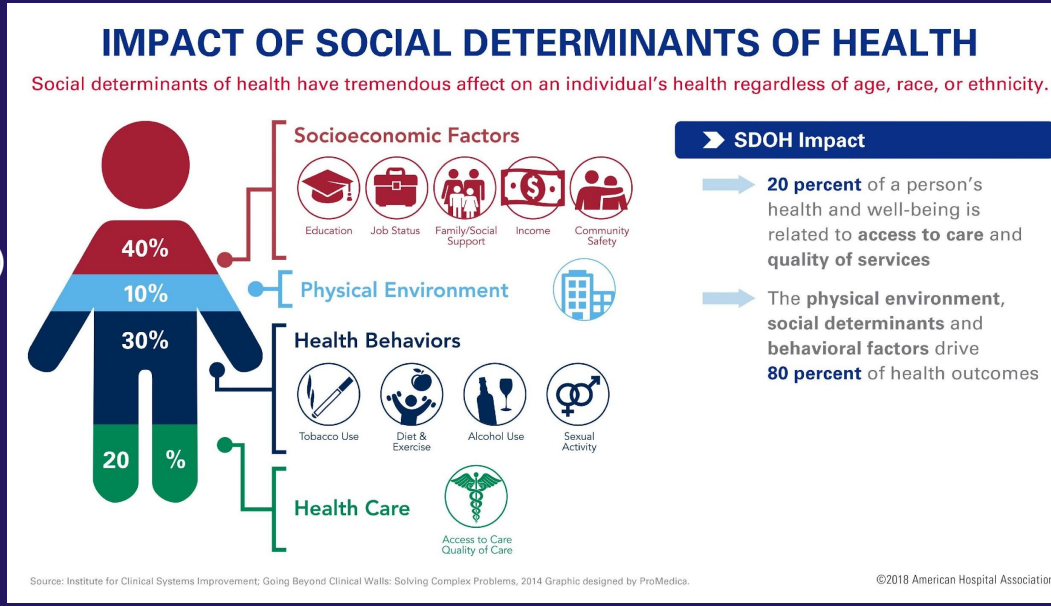
4. On Tuesday, January 24, 2023, at approximately 1811 hours, Duxbury police dispatch radioed all cruisers to respond to 47 Summer Street in the Town of Duxbury for an attempted suicide where the wife (who was positively identified as Lindsay Clancy (DOB: 08/11/1990)) had cut her wrists and neck and jumped out the window from the second floor. Duxbury Police responded to 47 Summer Street and located Ms. Clancy on the ground on the left side of the house. Located with Ms. Clancy was her husband and the 911 caller, Patrick Clancy (DOB:

5. Duxbury Officers then heard extremely loud yelling and entered the home responding to the basement. In the basement, Duxbury Police officers located Mr. Clancy and the families three children, a five-year-old, three-year-old and a eight month old infant. The three children

SDOH Maternal Mental Conditions and Morbidity/Mortality

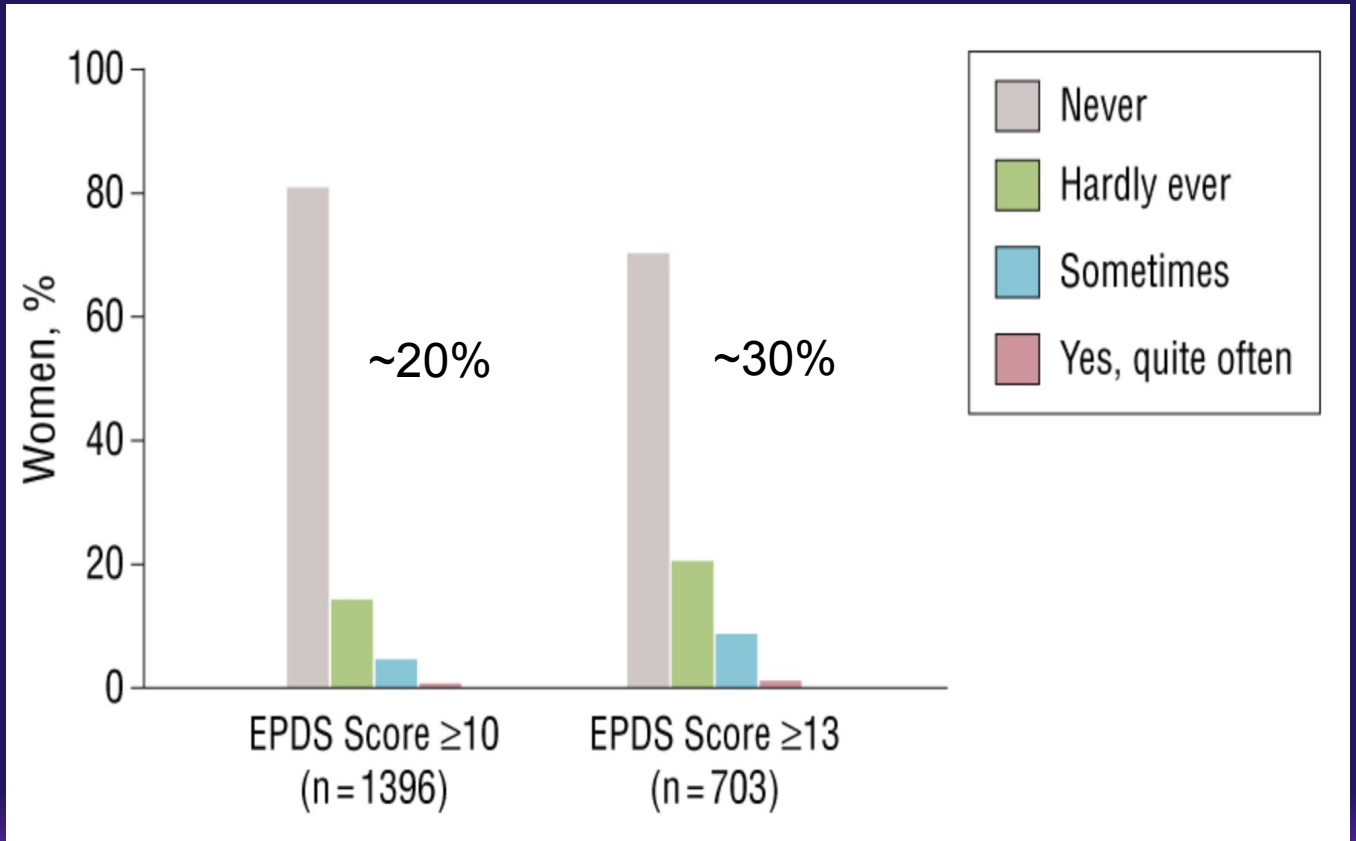
Mechanisms Associated with Maternal Morbidity/Mortality

- SDOH and healthcare inequities are enormous stressors in the perinatal period
- Cumulative disadvantage for individuals (“weathering”}
  - Repeated lifetime trauma
  - Depression-Physical abuse 34%; Sexual abuse 25%; Bipolar 1.5-2.0 X higher
  - Limited access to quality care (obstetrical and mental health care “deserts,” racism, mistreatment in healthcare)
  - Low –wages, no paid parental leave
  - Limited social and community supports



Sucidality in a Screened Obstetrical Sample

Wisner et al, JAMA Psychiatry. 2013;70(5):490-498.oi:10.1001/jamapsychiatry.2013.87



"Nothingness"

All hope is gone.
There's nothing left.
The nothingness consumes me.
Eating away at me,
Until I am broken and shattered.
Dead.
A murdered soul.
Killed by the nothingness.
I still walk and exist.
But I don't live anymore.
A dead soul walking on Earth.
Killed by the nothingness

Treatments are Available!
But Access must be Expanded

- Psychotherapy- skills to manage stressors and relationships
- For suicidal patients, collaborative approaches avoid approaching suicidality with fear/anxiety, to navigating options to address factors leading to suicidality in partnership.
- Pharmacologic
  - Unipolar Depressive and Anxiety Disorders (antidepressants)
  - Bipolar Disorder
    - Lithium
    - Clozapine
    - Folic acid
  - PTSD /traumatic experiences
- Novel Interventions
  - Light therapy
  - Ketamine/esketamine
  - Zuranolone
  - Transcranial magnetic stimulation
- Integrated care, put the person back together
  - Serious health conditions including pain, intervention team
  - Collaborative care models, smartphone apps

National Curriculum on Reproductive Psychiatry (NCRP)
https://ncrptraining.org/

Navigating Perinatal Suicidality: A Collaborative and Client-centered Approach

Brieanne Kohrt, PhD, PMH-C
Children's National Hospital

https://childrensnational.zoom.us/rec/share/dAufDVeyVcsnBxFZwvMNXOuyp4pYNG48rG33a-w6OQH7LJigMBmPjUtNoGwp7_ul.WYSWe-qoFmokmg_y?startTime=1704906058000

National Strategy *for* Suicide Prevention

Sarah Brummett, MA JD
Director of the Executive Committee
National Action Alliance for Suicide Prevention

2024

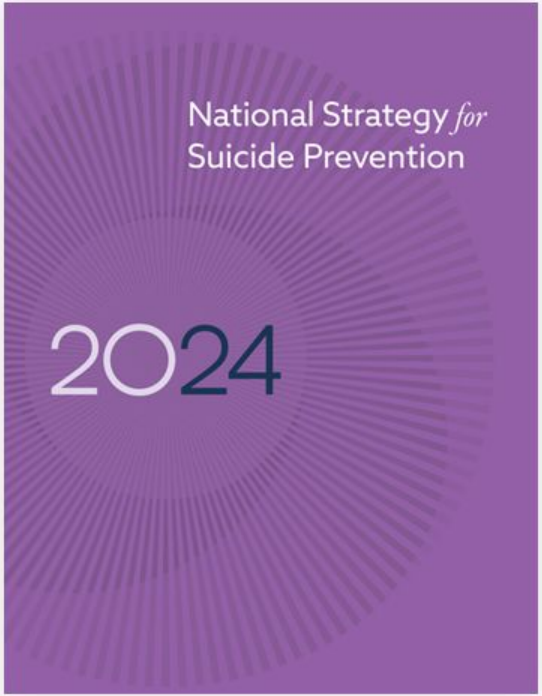
NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

2024 National Strategy *for* Suicide Prevention

The 2024 *National Strategy for Suicide Prevention* is a bold new 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field.

The new *National Strategy*:

- Incorporates advancements in the field and addresses emerging issues
- Is designed to guide, motivate, and promote a more coordinated and comprehensive approach to suicide prevention
- Focuses on addressing the many risk and protective factors associated with suicide, with the recognition that there is no single solution to this complex challenge



National Strategy *for* Suicide Prevention Contributors

The 2024 *National Strategy for Suicide Prevention* was developed by a federal Interagency Work Group (IWG) comprised of:

20+
Agencies

10
Federal Departments

WITH SUPPORT FROM:

- Suicide Prevention Resource Center (SPRC)
- National Action Alliance for Suicide Prevention (Action Alliance)

AND A PROJECT MANAGEMENT TEAM CO-LED BY:

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Disease Control and Prevention (CDC)
- National Institute of Mental Health (NIMH)
- U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE/HHS)

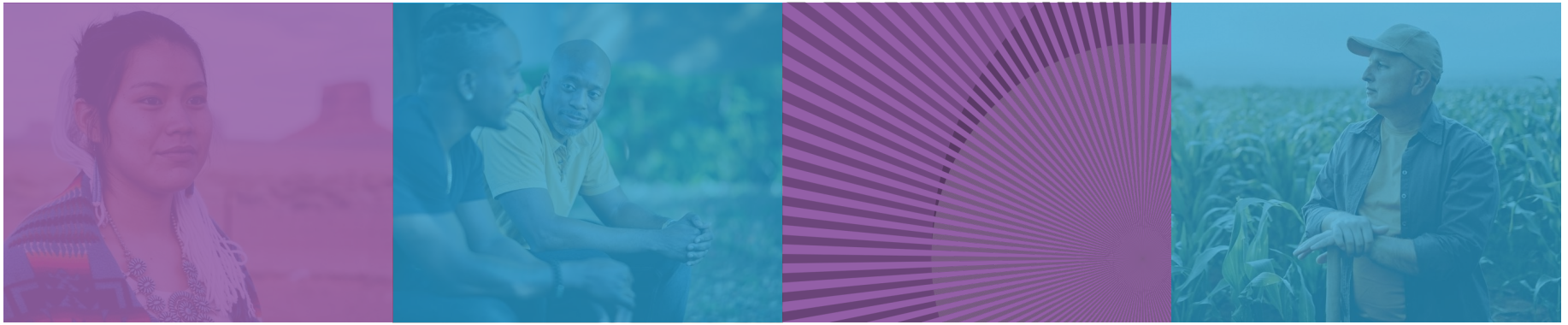
National Strategy *for* Suicide Prevention Contributors

Also reflected in this 10-year *National Strategy* is the input of:

2,000+

People from across the United States who participated in a national needs assessment and a series of listening sessions

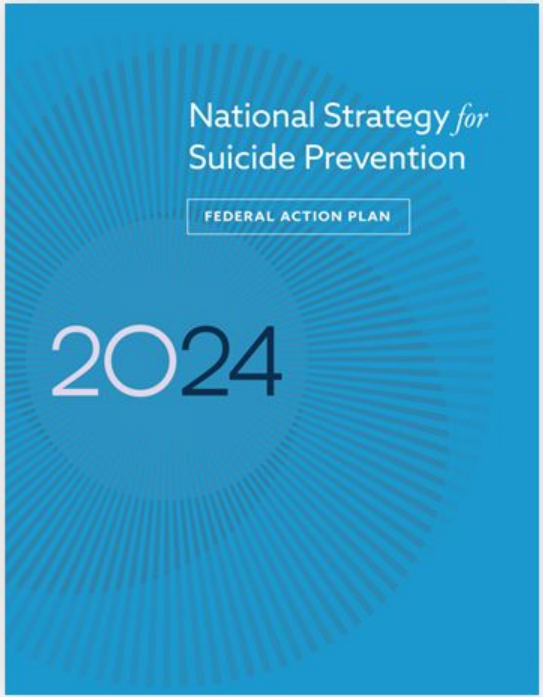
Including people with suicide-centered lived experience, tribal members, youth, suicide prevention experts, and partners in the private sector.



National Strategy *for* Suicide Prevention Strategic Directions

2024 National Strategy *for* Suicide Prevention *Federal Action Plan*

The *National Strategy* is accompanied by the first-ever *Federal Action Plan (Action Plan)*, which **identifies more than 200 actions** across the Federal government to be taken over the next three years in support of those goals.



Learn More

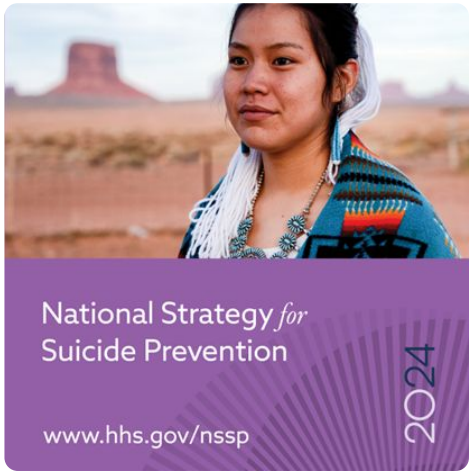
HHS website: hhs.gov/nssp

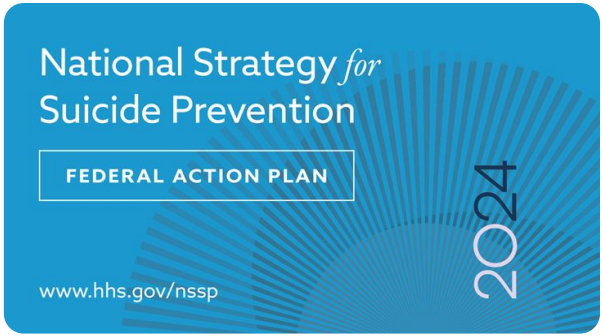
Action Alliance website: suicidepreventionstrategy.org

Download Toolkit

- Social media materials
- Templates

Download Fact Sheet





Maternal Suicide: Opportunities for Policy and Systems Change

POLICY CENTER FOR Maternal Mental Health

Closing Gaps in Maternal Mental Health Care

Cindy Herrick, MA, PMH-C, CPSS
Senior Research and Editorial Manager

Partners

Policymakers

We Center **Mothers** by Engaging

Providers

Payors

Identify Gaps in Maternal Mental Health Care

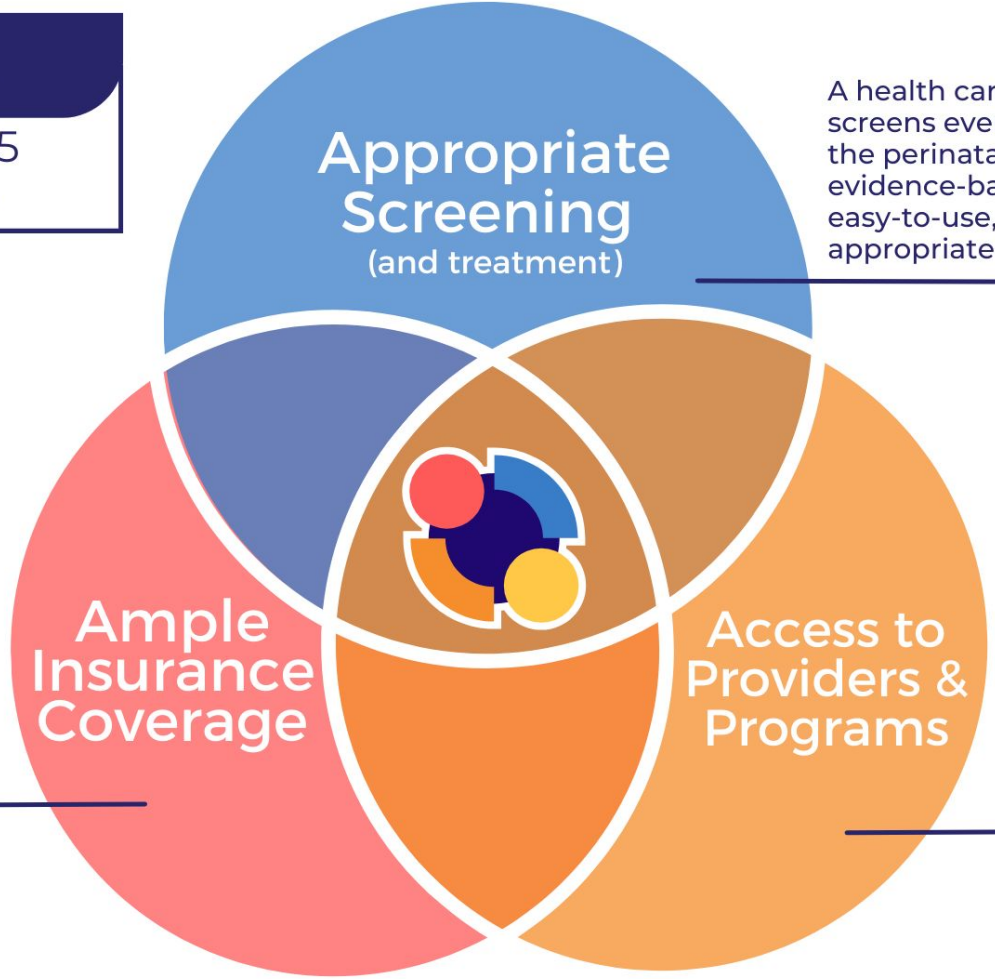
Provide a **Roadmap** of Equitable Solutions

Catalyze Policymakers, Payors, Providers, and Partners to Implement Change

POLICY CENTER FOR Maternal Mental Health

Our 3 As

Our 2022-2025 Focus Areas



A health care delivery system that screens every mother throughout the perinatal period using evidence-based, comprehensive, easy-to-use, and culturally appropriate screening tools.

Including all evidence-based MMH treatments, at an affordable cost to patients without unreasonable limits.

Availability & expansion of health care professionals & facilities in the health delivery system.

POLICY CENTER FOR Maternal Mental Health

Maternal Suicide Issue Brief Update

POLICY CENTER for Maternal Mental Health

ISSUE BRIEF

Maternal Suicide in the U.S.

Opportunities for Improved Data Collection and Health Care System Change

Introduction

Maternal suicide is a leading cause of maternal mortality in the US.[1] While maternal mortality has rightfully garnered increasing attention in recent years, maternal suicide has been historically overlooked as a cause of maternal mortality because national maternal mortality rates previously excluded suicides as pregnancy-related deaths, instead classifying maternal suicides deaths as incidental or accidental deaths.[2] According to the provisional data from the Centers for Disease Control & Prevention (CDC) there was a record high number of deaths in 2022 from suicide for the general US population. It is important to continue to address suicide prevention efforts for the general and maternal population.[3]

As national and state efforts to address maternal mortality through improved public health data collection have increased, maternal suicide has emerged as one of the top three causes of pregnancy-associated deaths, highlighting the need to address maternal suicide as a contributing factor of maternal mortality in the US.[4] It is estimated that up to 20% of maternal deaths are due to suicide,[5] making maternal suicide deaths more common than deaths caused by postpartum hemorrhage or hypertensive disorders.[6]

While challenges to standardize and improve public health data collection from state to state still exist, state Maternal Mortality Review Committees (MMRCs) are increasing consistency regarding how they review and document maternal deaths.

The Centers for Disease Control (CDC) has determined, using the data from 36 state MMRCs, that mental health conditions are a leading underlying cause of pregnancy-related death.[7]

Maternal Mental Health Conditions are defined by the CDC as "suicide, overdose/poisoning related to substance use disorder, and other deaths determined by the MMRC to be related to a mental health condition, including substance use disorder" Maternal Mental Health Conditions account for almost 23% of pregnancy-related deaths and 80% of pregnancy-related deaths are determined to be preventable.[8]

As maternal suicides have a lasting and far-reaching societal impact, it is important to prioritize maternal suicide prevention efforts. The negative impact of maternal mental distress and illness on child development is well-documented, as well as the impact of maternal suicidality on child wellness. Thus, it is important to further examine how to prevent maternal suicides through clinical, systems, and policy shifts.

Maternal Suicide in the U.S. Opportunities for Improved Data Collection and Health Care System Change 1

- ➔ MMH Task Force recognizes maternal mortality as a priority
- ➔ MMRC Funding Updates
- ➔ Alaskan Native and American Indian Suicide Prevention Strategies
- ➔ New Research
- ➔ MMH Treatment facilities update

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Provider/System Barriers

- ➔ Insufficient Training/Board Certification
  - ◆ Ob/Gyns and Psychiatrists in-training are not consistently educated, or board tested about the management of psychiatric illness in the perinatal period or suicide risk assessment and prevention
- ➔ Lack of Adequate Insurance Reimbursement
  - ◆ Screening/tx reimbursement in Ob/Gyn and Midwifery
  - ◆ Mental health providers believe they are not adequately reimbursed for administrative hassles of being in-network
- ➔ Accessibility of Care

Patient Barriers

➔ Stigma/Fear

- Intersection of multiple societal stigmas: being a bad mother, mental illness, talking about suicidal thoughts
- Fear of being sent to the ER / held inpatient
- Fear of involvement of child protective services / baby taken away

➔ Accessibility of Care

- Shortage of Mental Health Providers and MMH Providers including MMH Therapists and Reproductive Psychiatrists
- Inconsistent Coverage of Ground-breaking PPD-specific drug
- Only 3 perinatal inpatient facilities in the US
- Only 31 outpatient MMH intensive outpatient and partial hospitalization programs

Professional Associations Screening Guidelines

ACOG — The American College of Obstetricians and Gynecologists

1-2x
- during the perinatal period
- at the comprehensive postpartum visit

American Psychiatric Association Foundation

2x
- during pregnancy

4x
- postpartum
- at 1, 2, 4 month well-child visit

PSI — Postpartum Support International

8x
- 1st prenatal visit
- 2nd trimester
- 3rd trimester
- 6 week postpartum
- 6 &/or 12 month OB & primary care
- 3, 9, 12-mo pediatric well-child visits

Federal Bodies

- United States Preventive Services Task Force
  - Recommends screening for maternal depression and anxiety screening
  - Does not recommend universal suicide screening

Clinical Recommendations

→ Alliance for Innovation on Maternal Health

- Obtain individual and family mental health history at intake
- Screen for depression/anxiety at initial prenatal visit, later in pregnancy, and at postpartum visits
- Screen for bipolar disorder before initiating pharmacotherapy
- When concern exists for suicidality due to response in depression screening tool or interaction with patient, conduct a clinical interview & screen
  - Columbia Suicide Severity Rating Scale (C-SSRS)
  - Patient Safety Screener (PSS)

Policy Recommendations

- Centers for Medicaid and Medicare Services (CMS) should
  - Require states report the HEDIS Perinatal Depression Screening Measures
  - Require measure to assess for suicide screening/assessment and saftey plan development in primary care and obstetric settings

Policy Recommendations

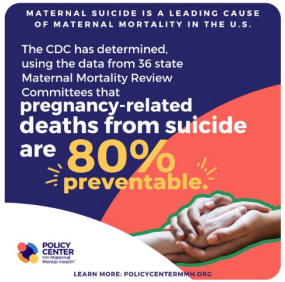
- Congress
  - Expand funding for state Maternal Mortality Review Committees (MMRCs) and Perinatal Quality Committees (PQCs) to implement AIM Guidelines/the Zero Suicide Framework
  - Create a Federal Maternal Psychiatry Consultation Program to permanently fund existing state programs and expand to other states (HRSA)
  - Revise Child Welfare Law (CAPTA) to Remove Mandatory Reporting to Child Protective Services Referrals in favor of Safety Plans
  - Ensure all women have access to maternity care and mental health treatments via infrastructure, like they have access to libraries, police and more

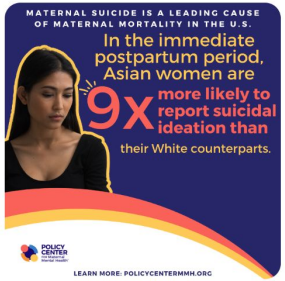
Resources

www.PolicyCenterMMH.org

➔ Maternal Suicide Resource Center

➔ Reports



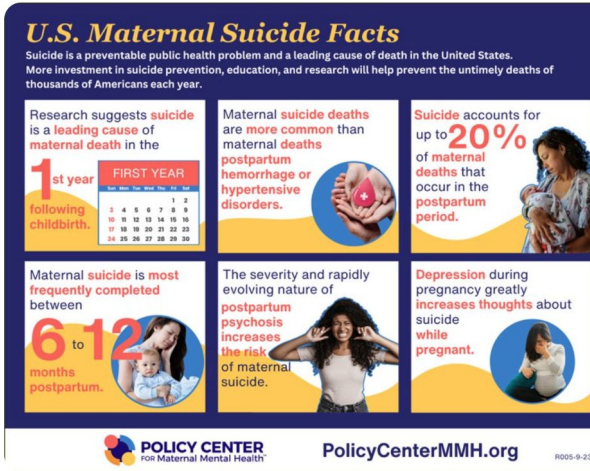


Facts About Maternal Suicide

U.S. Maternal Suicide Facts Sheet

Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education and research will help prevent the untimely deaths of thousands of Americans each year.

View Citations



Click to download or print.

Cindy.Herrick@PolicyCenterMMH.org

POLICY CENTER FOR Maternal Mental Health

Resources Shared in Chat

Shared by the Policy Center for Maternal Mental Health

Maternal Suicide Memorial Wall
American Indian Alaskan Native Maternal Mental Health Issue Brief
Maternal Suicide Resource Page, Including Issue Brief
Evidence-Based Screening Tools for MMH Disorders and Suicide Risk
Menu of Prevention and Treatment Options
Alliance for Innovation in Maternal Health "Perinatal Mental Health "Bundle"
State MMH Report Cards
Peer Support in Maternal Mental Health Resource Page, Including Issue Brief
Community Based Resources In Sucide Prevention
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment Measure
(Advocating CMS make mandatory)
CAPTA Child Welfare Law (Referenced as Needing to be Updated to Clarify Mandatory Reporting)

Shared by the CDC

Maternal Mortality Reports/Data
Latest Pregnancy-Related Maternal Death Report
Perinatal Quality Collaboratives

Pregnancy Risk Assessment Monitoring System (PRAMS) Data

POLICY CENTER FOR Maternal Mental Health

Q & A

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American Foundation for Suicide Prevention

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