Suicide Risk Assessment in the Perinatal Patient

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Disclosures

No conflicts of interest

Objectives

1) Learn components of a risk assessment
2) Be able to identify high risk patients
3) Recognize risk mitigation strategies and identify appropriate level of care

Background

Suicide is the 9th leading cause of death for ages 10-64

In 2022, of American adults an estimated:

- 13.2 million seriously contemplated suicide
- 3.8 million planned a suicide attempt
- 1.6 million attempted suicide

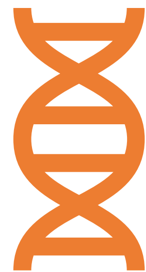
Suicide is a leading cause of maternal mortality in the perinatal period contributing to 8.4% of pregnancy-related deaths

Prevalence of suicidal ideation during pregnancy and postpartum period ranges from 5-14%

Zivin et al., 2024
Orsolini et al., 2016
CDC National Center for Health Statistics (NCHS)

Risk Factors

Characteristics that make it more likely that an individual may consider, attempt or die by suicide.



Fixed Risk Factors

Modifiable Risk Factors

Static Risk Factors

Prior suicide attempts

Family history of suicide

Gender

(Males attempt less often, but die by suicide more frequently with more lethal means)

Younger age in perinatal population

Caucasian race for general population

(Mixed data in perinatal population)

Widowed>divorced>never married

Unintended/unwanted pregnancy

★ Prior history of suicide attempt is considered one of the most robust predictors of eventually completed suicide

Zivin et al., 2024
Campell. et al., 2021
Chin et al., 2022
Bostwick et al., 2016

Modifiable Risk Factors

Mood disorder*

Substance use*

Intimate partner violence*

Psychotic disorder

Access to lethal means (ex. firearms)

Personality characteristics such as impulsivity

Medical illness

Pain

Insomnia

*Identified as three of the most common risk factors for pregnancy associated suicide

Zivin et al., 2024
Campell. et al., 2021
Chin et al., 2022

Protective Factors

Engaged in current medical and mental health care

Connections to supportive family and community

Problem solving skills

Religious or spiritual beliefs/practice that discourage suicide

Plans for the future

Screening Tools

Helpful screening tools assist in identifying need for further assessment

Columbia Suicide Severity Rating Scale (C-SSRS)

Edinburgh Postnatal Depression Scale (EPDS)- question #10

Patient Health Questionaire-9 (PHQ-9)- question # 9

Assessment

1) Any current or recent suicidal thoughts, passive wishes for death or thoughts of harming your baby?
2) Any intent to act on the thoughts?
3) Is there a plan for suicide?

   Identify details, means and if they made any preparation or steps towards acting on the plan
4) Identify risk and protective factors
5) Stratify into low, moderate or high risk

Management

1) Identify moderate or high risk and need for higher level of care
2) Address modifiable factors
    - Limit access to lethal means
    - Diagnosis and treatment of psychiatric disorders
    - Connect with appropriate services
3) Collaborate with family, therapists, and other providers
4) Identify a crisis safety plan

Components of a Crisis Safety Plan

Warning signs

Triggers

Coping strategies

Who patient can reach out to for help

Professionals/agencies patient can contact during crisis

How can the environment be made safe

Examples of Low and High Risk Perinatal Patient

Low Risk

- Mild depressive symptoms
- Passive death wishes
- No suicidal intent or plan
- No substance use
- No history of suicide attempts
- Support from spouse, providers and religious beliefs
- Future plans

Consider outpatient evaluation and treatment

High Risk

- Psychotic symptoms-psychiatric emergency!
- Severe depressive symptoms
- History of suicide attempt
- Current suicidal ideation with plan and intent
- Minimal support
- Hopelessness

Consider either urgent or emergent evaluation with need for higher level of care

National Crisis Line

If in crisis, anyone can call or text the 988 Suicide & Crisis Lifeline via 988, which is available 24/7.

Lifeline provides support to anyone in suicidal crisis or emotional distress.

Summary

Important to take a complete history

Screen routinely for suicidal ideation, intent and plans as symptoms and ideation fluctuate

Collaborate with patient, family, and other providers

Engage in safety crisis planning

Mitigate risk via addressing modifiable factors and consider escalating to a higher level of care if moderate or high risk

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