California Pregnancy-Associated Review Committee (CA-PARC)

CA-PARC · Suicide PAMR

Prevention of Pregnancy-Associated Suicide:
Recommendations for Agencies, Organizations & Institutions

The California Pregnancy-Associated Review Committee (CA-PARC) was established to review and report on California's maternal deaths (HSC 123636). While California Department of Public Health (CDPH) provides administrative and scientific support to CA-PARC, recommendations for preventing maternal deaths are made solely by the members of CA-PARC.

Pregnancy-associated suicide is defined as suicide that occurred during pregnancy or within one year after pregnancy ended. In 2024, the federal government released both the National Strategy for Suicide Prevention and the National Strategy to Improve Maternal Mental Health Care. To support these efforts, CDPH is releasing comprehensive recommendations from CA-PARC's Pregnancy-Associated Suicide Review of deaths in 2002-2012, reviewed in 2016-2017.

CA-PARC recommendations for the prevention of pregnancy-associated suicide are relevant now because:

- Suicide among individuals who were pregnant within the prior year has a lasting and far-reaching societal impact, so it is important to prioritize pregnancy-associated suicide prevention efforts.
- CDC data from 1999-2022 indicate that suicide rates among women of reproductive age (15-49 years) increased from 5.0 to 7.4 deaths per 100,000 in the U.S. and from 4.7 to 5.2 deaths per 100,000 in California.
- In California, the rate of pregnancy-associated suicide also increased from 2.3 deaths per 100,000 live births in 2009-2011 to 4.1 deaths per 100,000 live births in 2019-2021.

CDPH California Department of Public Health

Key Findings:

Among the 99 pregnancy-associated suicide deaths that occurred in 2002-2012:

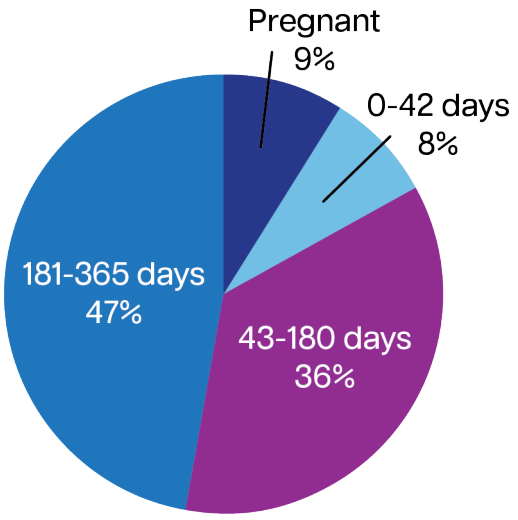
98%
of suicide deaths had at least some chance of being averted

Over half (51%) had a good-to-strong chance of prevention with opportunities to intervene and provide support. Nearly all suicide deaths (98%) had at least some chance of being averted.

83%
died between six weeks and one year after pregnancy ended

The postpartum period is a time of heightened risk for suicide.* Most (83%) pregnancy-associated suicides happened six weeks to one year after pregnancy, reflecting the need for additional supports during this period.

Timing of pregnancy-associated suicide



* https://policycentermmh.org/maternal-suicide-issue-brief/

87%
had mental health conditions

Mental health conditions were highly prevalent (87%) – 62% had pre-existing mental health conditions and 25% developed mental health conditions in or after pregnancy.

62%
before becoming pregnant

25%
during or after pregnancy

CDPH California Department of Public Health

Key Findings (continued):

65%

had a stressful life event near the time of death

Nearly two-thirds (65%) had a stressful life event near the time of death (e.g., interpersonal conflict, loss of a loved one).

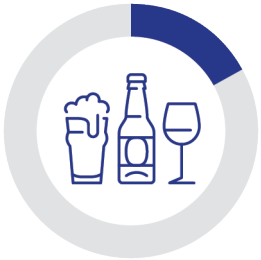
Substance use was identified as a precipitating factor to the suicide in 29% of individuals. Nearly one-third (32%) used illicit substances (e.g., methamphetamine, cocaine, heroin) or abused prescription opioids during or after pregnancy; heavy alcohol use was noted in 17% of individuals.

29%

substance use was a precipitating factor to the suicide

32%

used illicit substances or abused prescription opioids



17%

used alcohol heavily

Mental Health Resources:

- Call 1-833-TLC-MAMA (1-833-852-6262). The National Maternal Mental Health Hotline provides 24/7, free, confidential support before, during, and after pregnancy.
- Call or text "HELP" to 1-800-944-4773. The Postpartum Support International Hotline provides information, encouragement, and names of resources near you.
- Individuals experiencing a crisis and friends/family members can call or text 988. The 988 Suicide and Crisis Lifeline provides 24/7 free, confidential support for mental health struggles, emotional distress, and alcohol or drug use concerns.
- Visit the Zero Suicide website to view resources and information to improve suicide care.
- Visit the Striving for Safety website as a resource for safety planning and lethal means safety.

CA-PARC Prevention Recommendations for Agencies, Organizations & Institutions:

- **Reduce social isolation during and after pregnancy** by increasing availability to evidence-based, culturally and linguistically relevant group prenatal care and peer-led support groups.
- Support incentives for **routine screening of pregnant and postpartum individuals for mental health conditions** by both obstetric providers and pediatricians during well-child visits.
- **Establish a statewide perinatal psychiatric hotline for providers** and public consultations on appropriate medications and care for mental health conditions before, during, and after pregnancy.
- **Improve systems of referral and ensure access to care**, including substance use treatment, for people with known risk factors or mental health conditions.
- **Create regional centers of excellence for treating severe maternal mental health conditions** while keeping mother and baby together during day treatments or hospitalizations.
- **Incorporate education for Child Protective Services (CPS) staff** on the mental health impact and suicide risk of separating mothers from infants. Include tools for grief support and response that facilitates support for, and the reunification of, families.
- **After a CPS removal of an infant,** in addition to the required parenting classes, **establish a social or grief support group for mothers** to address the distress from the separation.
- Through cross-collaboration with existing mental health advocacy organizations, **develop and implement culturally and linguistically relevant public health awareness campaign** on maternal mental health and suicide prevention.
- **Medical examiners and coroners**, when conducting investigations of pregnant and postpartum individuals who died by suicide, potential suicide, or substance abuse/overdose, **are strongly urged to do the following**:
  - **Perform in-depth interviews of family and friends** regarding medical and mental health information/history as it pertains to the decedent.
  - **Obtain medical and mental health records** to include current diagnoses and a list of prescribed medications with dosages.
  - **Perform comprehensive postmortem toxicological analysis** in drug overdose and suicide cases.

The findings and recommendations in this document are those of CA-PARC and do not necessarily represent the views or opinions of the CDPH or the California Health and Human Services Agency. While California Department of Public Health (CDPH) provides administrative and scientific support to CA-PARC, recommendations for preventing maternal deaths are made solely by the members of CA-PARC.

Also see Recommendations for Perinatal Providers & Facilities.

CDPH California Department of Public Health