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Date of Submission: February, 14, 2013 / **Acceptance:** April, 15, 2013

PARASUICIDE IN POSTPARTUM WOMEN

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ABSTRACT:

Pregnancy or the birth of a baby is an overwhelming external stressor that can precipitate feelings of hopelessness and self-harm thoughts. Although suicide and parasuicide are reported to be low in postpartum women, suicide is the leading cause of maternal death. Presence of psychiatric disorders, especially major depression, increase the risk of both suicide and self-harm. Psychiatric morbidity can be predicted and prevented.

Key-words: parasuicide, postpartum, postpartum depression

REZUMAT:

Sarcina sau nașterea reprezintă un important factor de stres care poate determina manifestări de tipul ideății suicidare sau ideății de culpabilizare, deznădejde. Deși rata suicidului sau a parasuicidului este redusă în perioada postpartum, suicidul reprezintă principala cauză a decesului matern. Prezența unei tulburări psihice, în special a sindroamelor depresive, crește riscul suicidar sau de autovătămare. Comorbiditatea psihiatrică poate fi un factor ce poate fi prezis și, astfel, prevenit.

Cuvinte-cheie: parasuicid, postpartum, depresie

INTRODUCTION

Having suffered from depression following the birth of two children and throughout her life, Amy Martin was surprised when storm clouds didn't immediately gather after the delivery of her third. Recovering in hospital from an emergency cesarean section, Martin felt okay — “no one feels great after childbirth,” she quips — and hoped she'd eluded the baby blues. “Then I went home, and it was like I hit a brick wall,” she says. “I wasn't taking care of myself, wasn't eating, wasn't sleeping, was kind of catatonic, and I was having these awful, terrible thoughts, panic attacks, and was afraid I would hurt the baby or myself. It was like nothing I had experienced before”.⁽¹⁾

Pregnancy is one of the important periods in a woman's life. In pregnancy there are numerous changes, not only in the physical aspects, but also socially and psychologically. Some women may suffer from emotional and psychological disturbances during pregnancy.⁽²⁾

Women are more vulnerable to psychiatric illness during the postnatal period. The rate of psychiatric admission is increased postnatally, mostly because of the raised risk of psychosis in the first month after childbirth.⁽³⁾ Women in the postpartum period can experience several affective, anxiety, and psychotic disorders, ranging in severity from the common "postpartum blues" experienced by 50 – 85 % of mothers to postpartum psychosis with a prevalence of 0.2 % among child-bearing women.^{(4) (5)}

Puerperal psychosis remains a rare event. Since the 1960's there has been increasing research and clinical interest in the more common non-psychotic affective disorders that follow childbirth, now known as postnatal depression. In total, 10 – 13 % of women are said to suffer from a postnatal depressive illness.⁽⁶⁾

Parasuicide is defined as an act with a non-fatal outcome, in which an individual deliberately initiates a non-habitual behavior that, without intervention from others, will cause deliberate self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage and, which is aimed at realizing changes desired by the subject via the actual or expected physical consequences'.⁽⁷⁾ The rate of suicide for people who have had an episode of parasuicide is 100 times higher in the year following the episode than that of the general population.⁽⁸⁾ Of those who engage in parasuicide, 10 % to 15 % will eventually commit suicide, and in a given population, the ratio of parasuicide to suicide is approximately 10:1.^{(9) (10)}

A postpartum suicide attempt is a tragic event that may have serious long-term consequences for the postpartum woman's family and her infant.⁽¹¹⁾ Suicide accounted for up to 28 % of all deaths in women within the first year after giving birth and was one of the three leading causes of maternal mortality.⁽¹²⁾

Lindahl *et al.* (2005)⁽¹³⁾ reported that suicide is lower in postpartum women than expected in the general population. Schiff and Grossman (2006)⁽¹⁴⁾ noted that 1 in 2277 women were hospitalized for a suicide attempt in the postpartum period. Samandari *et al.* (2011)⁽¹⁵⁾ suggested that being pregnant or postpartum offered some "protection" against death from suicide. Appleby and Turnbull (1995)⁽¹⁶⁾ studied parasuicide in postpartum women (ages 15 – 44) in a specific hospital catchment area including and surrounding London. They found that women seen for treatment for self-harming behavior exhibited a rate less than half that expected from age-matched females in the general population. They suggested that the presence of young children may be protective against non-fatal self-harm.

However, new mothers around the world have reported thoughts of self-harm at varying rates. An overwhelming external stressor such as a pregnancy or the birth of a baby can precipitate feelings of hopelessness and self harm thoughts.⁽¹⁷⁾ Evans *et al.* (2001)⁽¹⁸⁾ found that 5.4 % of a group of English women who were 8 weeks postpartum reported suicidal thoughts; 14.2 % reported the same in a poor South African community⁽¹⁹⁾; and at the Mayo Clinic, 15 % of women reported some thoughts of self-harm at 6 weeks postpartum.⁽²⁰⁾ Maternal suicidal ideation may be deleterious to child development, as well as maternal mental health and safety.⁽²¹⁾ It is also very likely that non-fatal maternal suicidality during pregnancy and the postpartum is also harmful to offspring.⁽¹³⁾ Self-inflicted injury is the leading cause of one-year maternal mortality in the United Kingdom.⁽²²⁾ A recent World Health Organization report on women's health identifies self-inflicted injury as the second leading cause of maternal mortality in high-income countries; suicide remains an important cause of maternal deaths in moderate and low-income countries.⁽²³⁾

Gold *et al.* (2012)⁽²⁴⁾ found in their study that mental health disorders and substance abuse are equally prevalent in pregnant and non-pregnant women who commit suicide; postpartum women were more likely to have been identified as having depressed mood in the two weeks prior to suicide than other women; both pregnant and postpartum women were more frequently reported as having problems with a current or former intimate partner; finally, postpartum women were more li-

kely than other women to die via hanging, suffocation or drowning, suggesting that when they committed suicide, they chose a relatively lethal method.



Figure 1: *Postpartum depressed woman with her baby*

Several studies indicate that suicide rates are considerably elevated among groups at risk including those with psychiatric diagnoses⁽²⁵⁾, and teenage mothers.⁽²⁶⁾ Women hospitalized with a psychiatric disorder who have recently given birth are at a 70-fold risk of suicide for one year.⁽²⁵⁾ Most studies have reported that suicide was more common in the first few months after childbirth and that suicide attempts were more violent (e.g. jumping, hanging) than expected in the non-post-partum population.⁽²⁷⁾⁽²⁸⁾ Babu *et al.* (2008)⁽¹²⁾ reported in their study in India a high prevalence of suicidal ideation (38 %) and suicide attempts (18 %) in mothers with severe mental illness in the post-partum period. In their population-based case-control study, Comtois *et al.* (2008)⁽¹¹⁾ found a significantly increased risk of postpartum suicide attempts among women with a psychiatric disorder or a substance use or a dual diagnosis during prior hospitalizations. Women with more than one prior hospitalization with psychiatric or substance use diagnosis were at a marked increased risk.

Postpartum depression has been described as a dangerous thief that robs women of precious time together with their infants that they had been dreaming of throughout pregnancy.⁽²⁹⁾ Symptoms include depressed mood and energy, loss of interest in activities, loss of sleep, appetite disturbances, feelings of guilt, worthlessness and suicidality tendency. Psychotic symptoms such as mood congruent delusions and symptoms of anxiety may also be experienced.⁽³⁰⁾ The consequences of post-natal depression to the child, mother, and family may include neglect of the child, family breakdown, self-harm, and suicide. However, the more common consequences include emotional and behavioral problems, and cognitive delay in the children of depressed mothers.⁽³¹⁾⁽³²⁾ Intrusive thoughts of accidental or intentional harm to the baby are common in the early postpartum time.⁽³³⁾ These thoughts are more frequent and distressing in women with postpartum depression⁽³⁴⁾; however, nonpsychotic depressed women are unlikely to commit infanticide.⁽³⁵⁾

Many mothers with postpartum depression experience shame and humiliation in viewing themselves as the worst mothers in the world. Such inner conflict can generate suicidal thoughts. Such woman emphasizes the ideas that her baby will be better off without her or that she may hurt her baby if she lives.⁽³⁶⁾ Women who become depressed and suicidal in pregnancy or postpartum are unable to manage the stress of a new infant. They have poor abilities to carry on the responsibility of motherhood, and the day-to-day relationship with their baby.⁽³⁷⁾

I would go into my baby's room and think, "Put the blanket over his head. He's nothing." Then I'd start crying hysterically. I felt like the worst person in the world, the worst mother in the world. I felt tremendous guilt and just wanted to hurt myself.

I started thinking death thoughts at one point. I didn't plan suicide, but I started thinking that I'd be better off dead. I had never been that low in my whole life as when I thought death was the way to go. I just wanted to get out of this world. It was like everything was black.⁽³⁸⁾

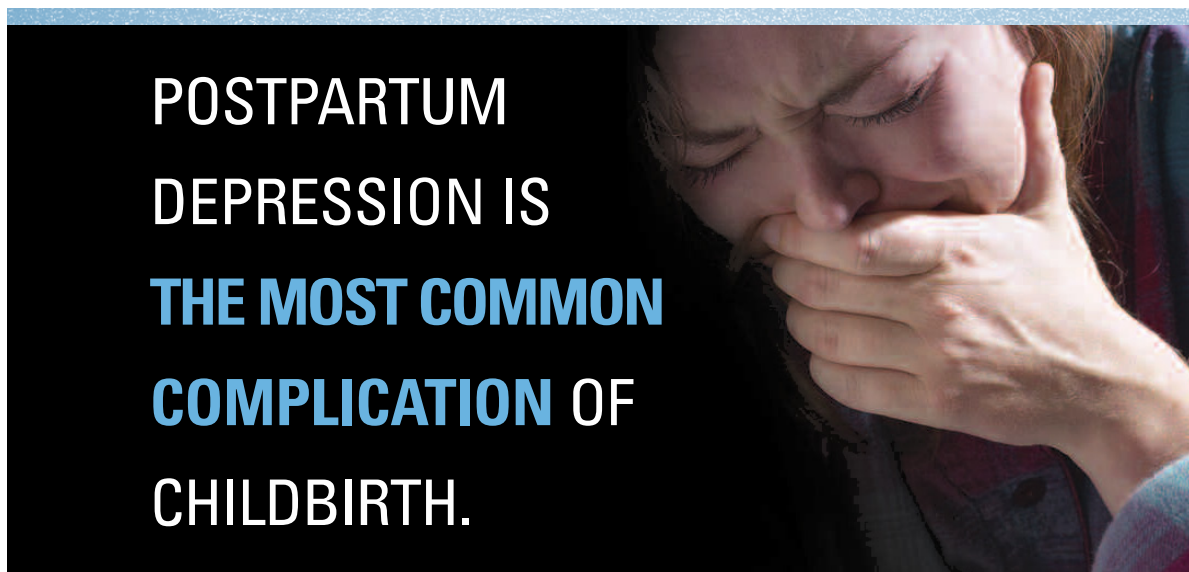


Figure 2: *Postpartum depression*

Over the first year after delivery, the rate of postpartum depression symptoms in fathers has ranged from 10.1 %⁽³⁹⁾ to 28.6 %⁽⁴⁰⁾ in the community-based samples. When focusing on men whose spouses had postpartum depression, the rates of paternal depression ranged from 24 %⁽⁴¹⁾ to 50 %.⁽⁴²⁾ The onset of fathers' depression occurs later in the postpartum period than the onset of depression in mothers.⁽³⁹⁾

Almost half of the women who died from suicide therefore might not have died if their past history had been accurately identified and if plans for proactive management had been put in place. At the very least, they should have received close surveillance for the maximum period at risk following delivery and perhaps prophylactic medication.⁽²⁸⁾ Preventive measures, early identification and treatment can alleviate months of suffering from postpartum depression for a woman and minimize its potentially harmful effects on her infant. Early recognition is one of the most difficult challenges with this mood disorder because of how covertly it is suffered. The social stigma associated with postpartum depression often blocks mothers from seeking professional help they so desperately need. In order to prevent this, mothers who are at risk for developing this mood disorder need to be identified early, preferably during pregnancy. Identification of a woman's risk factors or predictors that have been reported to increase the probability of developing postpartum depression is crucial. Interventions can then be initiated before the onset of postpartum depression in hopes of preventing this debilitating mood disorder.⁽⁴³⁾

Pinheiro *et al.*, (2008)⁽⁴⁴⁾ argued that clinicians should actively enquire for depression and past suicide attempts in all women in the postpartum and also vigorously enquire about suicidality in those presenting any of those.

ACKNOWLEDGMENTS AND DISCLOSURE

The author declares that he has no potential conflicts of interest to disclose.

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