RUTGERS HEALTH
Robert Wood Johnson Medical School

Maternal Suicide: An Overlooked Cause of Maternal Mortality in Global Health Metrics

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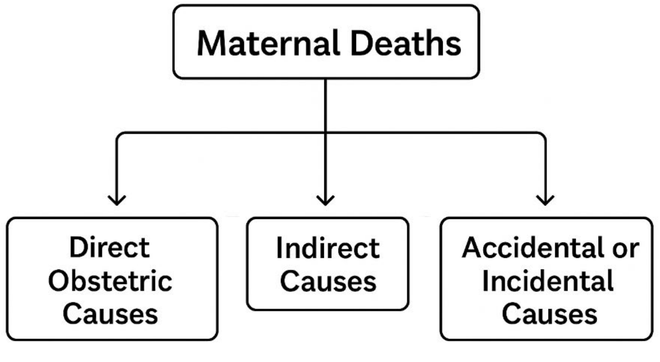
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Purpose

- To summarize the prevalence, risk factors, and reporting deficits of maternal suicide at the global level.
- To investigate implications for maternal health policy and the possibility for improved integration of obstetric and psychiatric care in low and middle-income countries (LMICs).

Background

- Although suicide is recognized as a leading cause of maternal mortality in developed nations, it remains infrequently reported in global health frameworks.
- The WHO ICD-11 and older editions define maternal death as "related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."
- This definition leaves sufficient ambiguity for some maternal suicides to be reported as "incidental or accidental," particularly in nations where suicide is highly stigmatized, underreported, and poorly investigated (JAMA, 2024).



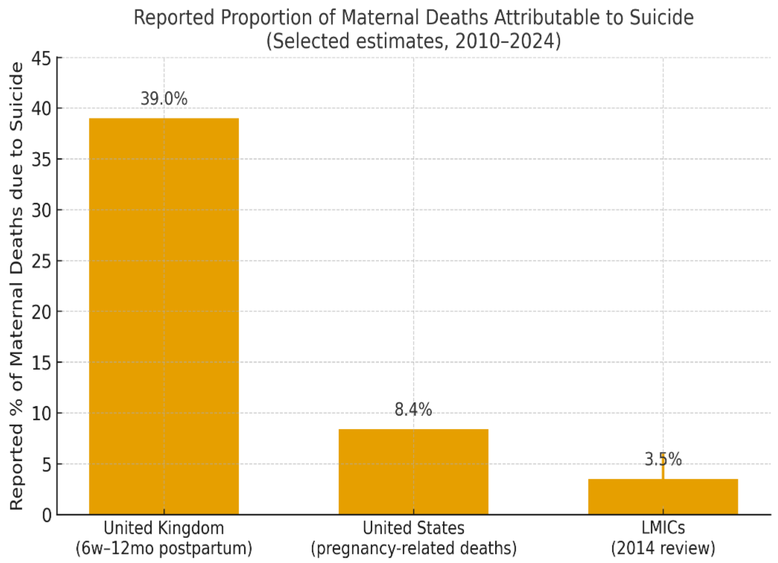


Fig. 1. Reports on maternal suicide vary by site and study with LMICs consistently reporting lower rates than high-income nations.

Results

- In high-income countries, suicide is repeatedly reported as a significant cause of maternal deaths.
- In the U.K., suicide accounted for 39% of maternal deaths between 6 weeks and 12 months postpartum (Maternal Mental Health Alliance, 2023).
- The U.S. reports that suicide accounts for 8.4% of all pregnancy-associated events (JAMA, 2024).
- In LMICs, data is limited and of variable quality.
- According to a 2014 review, suicide accounts for between 1 and 6 percent of maternal deaths in LMICs (PMC, 2014).
- Inconsistent classification and underreporting call into the question the accuracy of this statistic, particularly considering the increased number of risk factors for peripartum suicide faced by many women in LMICs—socioeconomic disadvantage, intimate partner violence, and psychiatric illness (PMC, 2022).

Methods

A literature review was conducted using the Rutgers Libraries, PubMed, WHO, and national surveillance databases from 2010-2024. Selected studies reported suicide and/or self-harm during the perinatal period.

Discussion/Conclusions

- Maternal suicide is a significant but underreported contributor to global perinatal mortality.
- Current WHO and national definitions should be expanded in estimating psychiatric causes of death.
- The definition of maternal death should be expanded to explicitly include death due to psychiatric and self-harm related causes if within the perinatal period.
- Integration of obstetric and psychiatric data collection systems should be enhanced.

References

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