

Maureen Zalewski, PhD, LP

Preventing Maternal Suicide

Preventing Suicide in Pregnancy and Postpartum



October 16, 2026

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Learning Objectives

Learning Objectives:

1. **Gain knowledge about rates of suicide in perinatal populations.**

2. **List risk and protective factors for suicidal thoughts and behaviors across the perinatal transition.**

3. **Understand barriers that providers experience when assessing or responding to perinatal suicide.**

4. **Learn skills for assessing and responding to perinatal suicidal thoughts or behaviors.**

Why focus on suicide risk among moms during pregnancy and postpartum?

Parenthood is widely assumed to be **universally** protective.

Why focus on suicide risk among moms during pregnancy and postpartum?

Parenthood is widely assumed to be **universally** protective.

- Assumption lacks nuance –

  YES, parenthood is protective against suicide, **AND** . . .

- Research draws from health data with important **limitations**.
- Mothers' suicide risk has often gone undetected.
- 'Risk' is often oversimplified.
- Deaths by suicide have been frequently misclassified.

Dudeney et al., 2025; Gelabert et al., 2024; Hoyert & Miniño, 2020

Suicidal Thoughts and Behaviors

Suicide Thoughts

Wish to be dead or
wish to not wake up

-With / without:

- Considering method
- Specific plan
- Intent to act

Suicide Behaviors

-Preparatory acts

-Suicide attempt:

- -Interrupted
- -Stopped
- -Non-fatal
- -Death by suicide

Suicide Risk During Pregnancy and Postpartum

Parenthood is widely assumed to be **universally** protective.

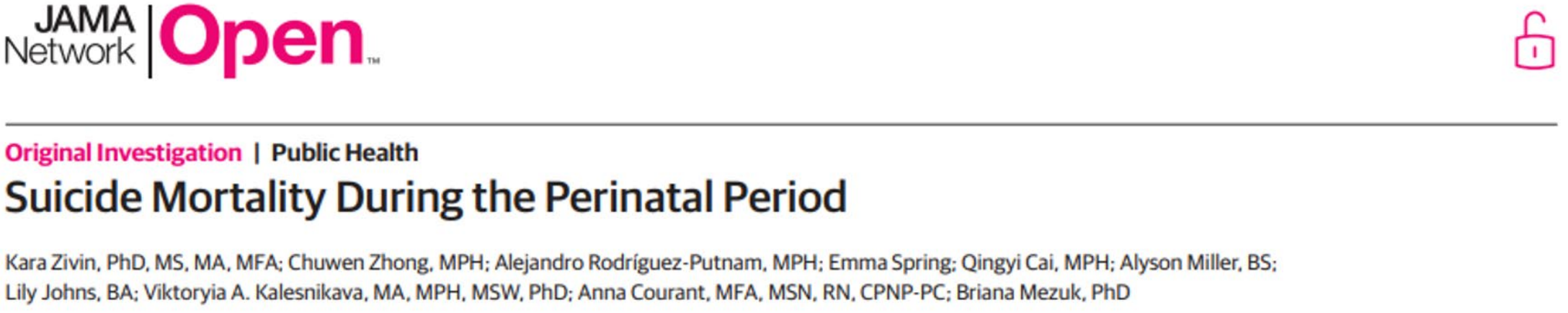
- Assumption lacks nuance –
  YES, parenthood is protective against suicide, **AND** . . .

- Suicide risk in pregnancy and postpartum is **prevalent**.

- 33% of pregnant women report **suicidal thoughts**.
- Suicide = ~8% of **pregnancy-related deaths**.
- Suicide = 20% of **deaths in 1st postpartum year**.

Chin et al., 2022; Gelaye et al., 2017

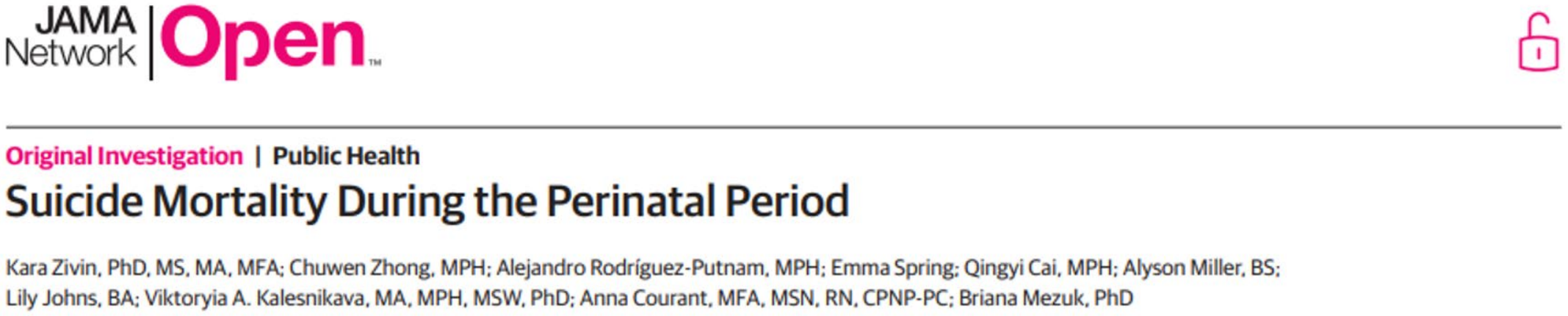
Suicide Risk During Pregnancy and Postpartum



- Study used data from the National Violent Death Reporting System (NVDRS) between 2003- 2021
- The NVDRS is a CDC-funded, state-based surveillance system that collects data on violent deaths abstracted from investigative reports; **largest collection of suicide data in the US**
- The main outcomes included contributing circumstances associated with suicides and undetermined deaths with unclear intent

Zivin et al., 2024

Suicide Risk During Pregnancy and Postpartum

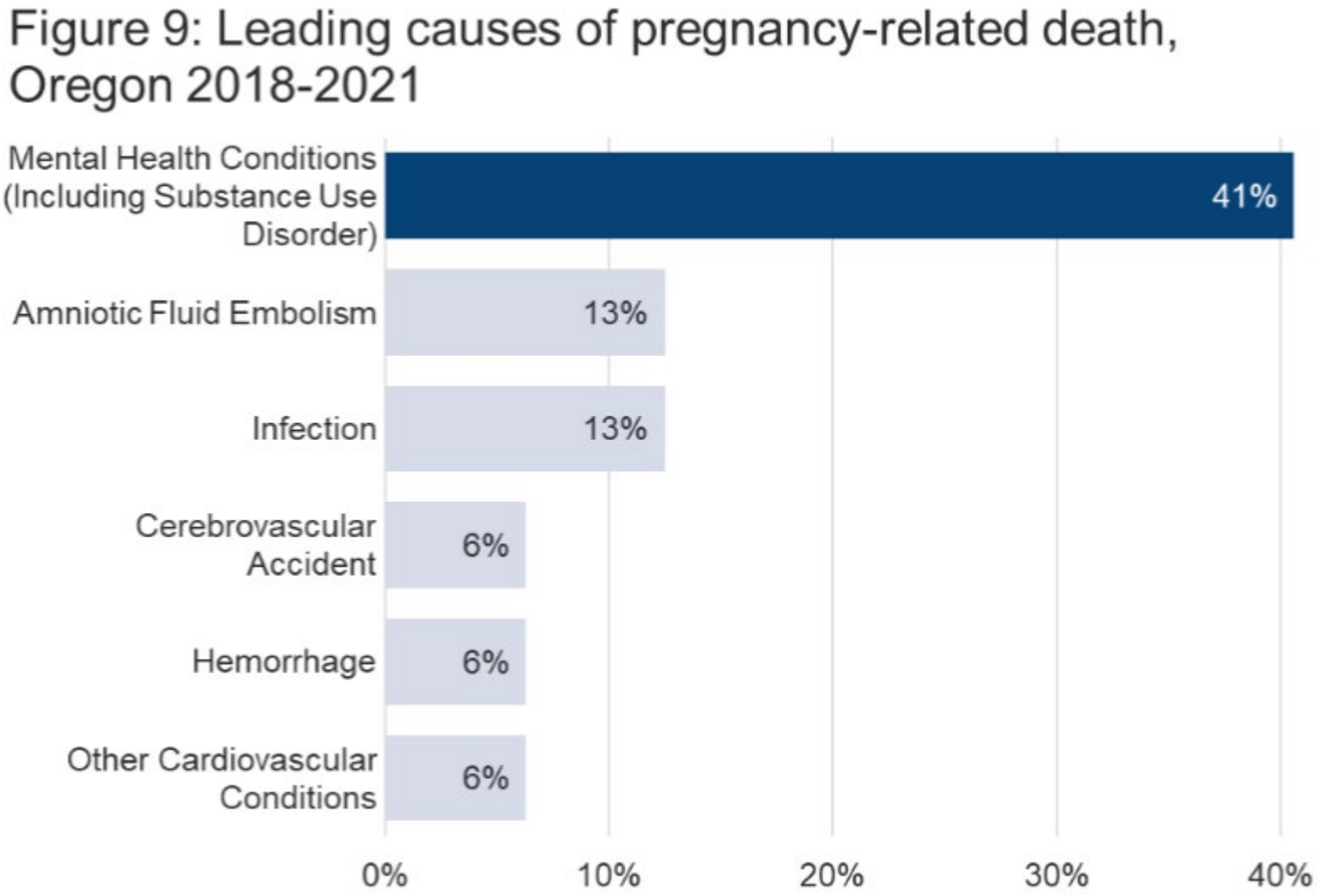


Of the 1,150 perinatal individuals who died by suicide:

- 456 (39.6%) were pregnant
- 203 (17.7%) died between 1-42 days after birth
- 491 (42.7%) died between 43 to 365 days after birth

https://medresearch.umich.edu/health-lab/preventing-suicide-during-pregnancy-and-after-birth

Suicide Risk During Pregnancy and Postpartum



Public Health Division

Maternal Mortality Review Committee

OREGON HEALTH AUTHORITY

Oregon Maternal Mortality and Morbidity Review Committee Biennial Report

February 2025

opc

Impact of Maternal Suicide

Parenthood is widely assumed to be **universally** protective.

- Assumption lacks nuance –

YES, parenthood is protective against suicide, **AND** . . .

- Impact of maternal suicide is **far-reaching**.

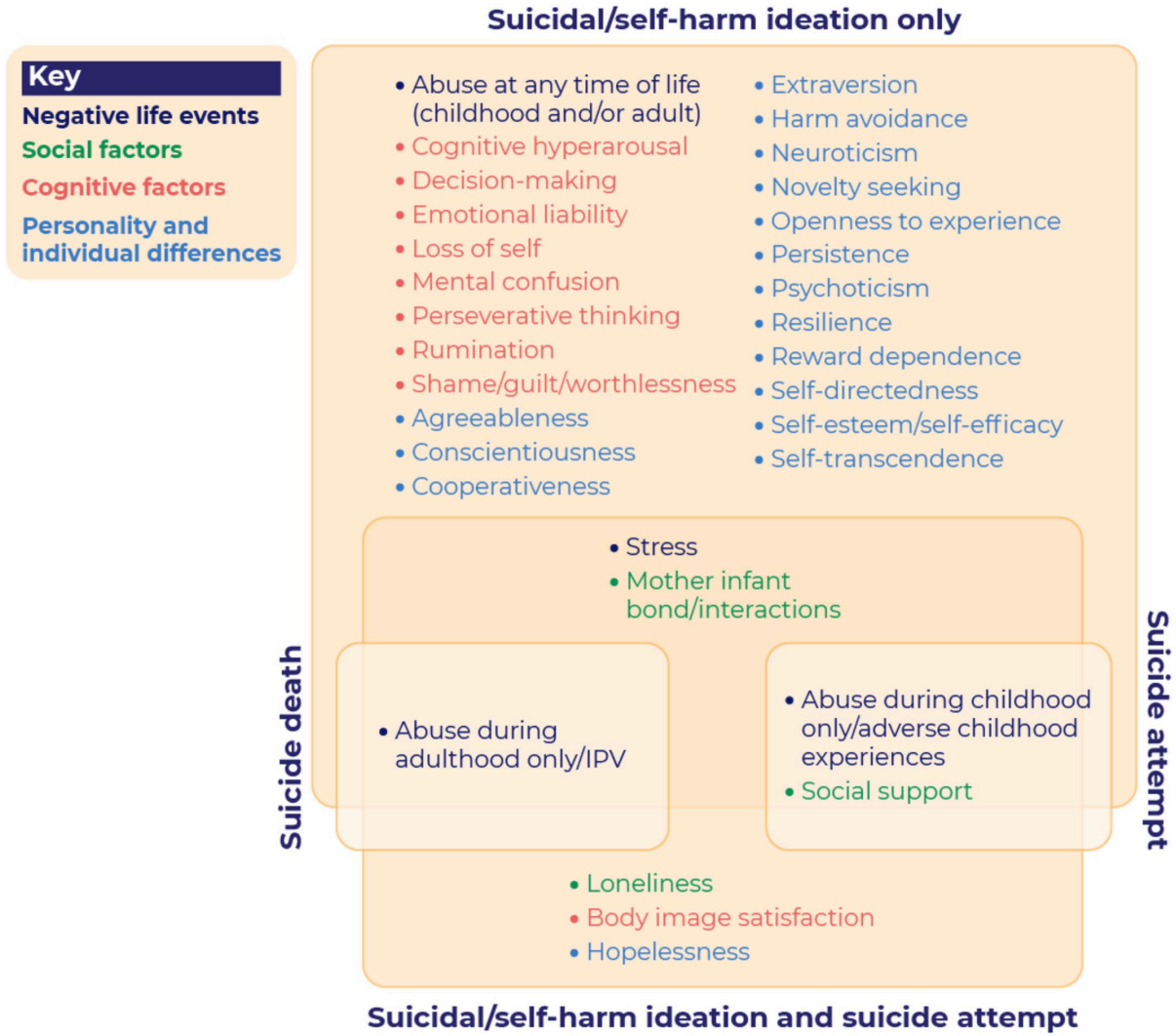
- Need to attend to suicidal ideation --> **child** outcomes.
- Suicide -> intense challenges for immediate **family**.
- Influence of suicide ripples out to entire **community**.

Evans et al., 2020; Hua et al., 2020; Reid et al., 2022; Shorey et al., 2017

Risk Factors That Predict Suicide Risk

Several well-established predictors for suicide risk:

- Depression
- Anxiety
- Substance Use
- Intimate partner violence
- Prior psychiatric history
- History of suicidal behavior



Reid, H. E, Pratt, D. Edge, D., & Wittkowski, A. (2022) Maternal Suicide Ideation and Behaviour During Pregnancy and the First Postpartum Year: A Systematic Review of Psychological and Psychosocial Risk Factors. Frontiers in psychiatry, 13, 765118. https://doi.org/10.3389/fpsyt 2022.765118

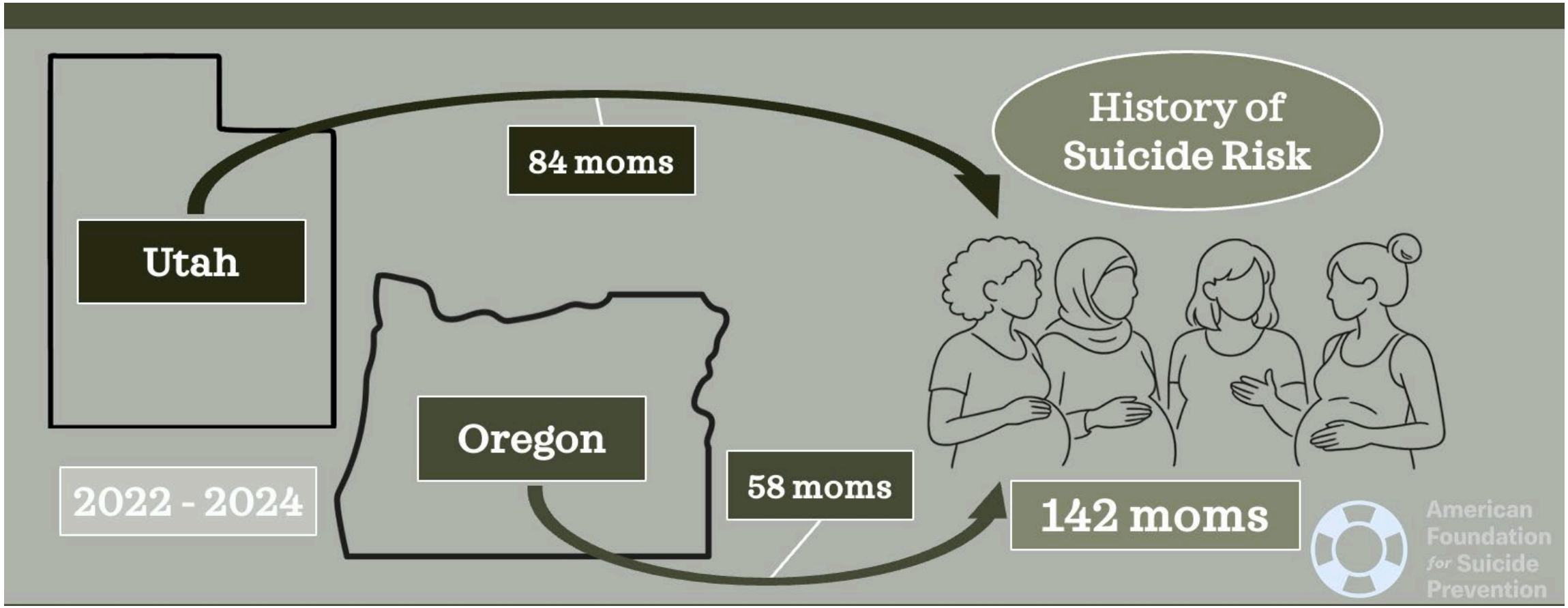
Kaliush et al., 2024; Legazpi et al., 2022; Reid et al., 2022

Risk Factors Associated with Suicidal Attempts During the Perinatal Period (meta-analysis)

Perinatal Period	Risk Factor	Pooled OR (95% CI)
Postpartum	Unmarried	1.87 (1.26–2.78)
Postpartum	No higher education	1.89 (1.31–2.74)
Postpartum	Mood disorder	11.43 (1.56–83.87)
Pregnancy	Smoking during pregnancy	3.87 (1.35–11.11)
Pregnancy & Postpartum	Previous suicidal behavior	38.04 (3.36–431.17)

Gelabert et al., 2024

Suicidal Thoughts and Experiences in Pregnancy and Postpartum Study



PIs: Zalewski & Crowell

Suicidal **T**houghts and **E**xperiences in **P**regnancy and **P**ostpartum **S**tudy

- Sample Size =142 moms
- Average age of ~31 years old

~70% were NOT first-time mothers

~95% living with their partner

Recruited for Risk:

~75% reported lifetime suicidal thoughts

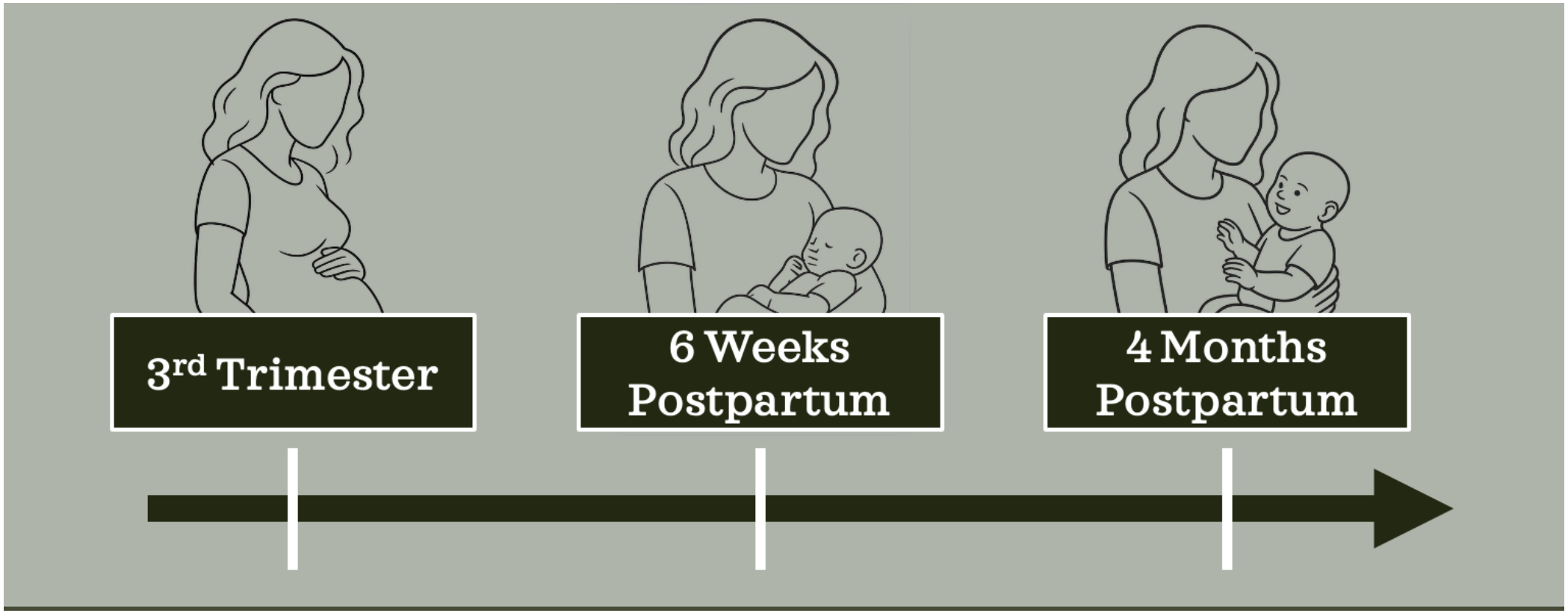
~40% reported lifetime suicidal behaviors

During pregnancy:

~35% endorsed suicidal thoughts

~ 4% endorsed suicidal behaviors

Suicidal Thoughts and Experiences in Pregnancy and Postpartum Study



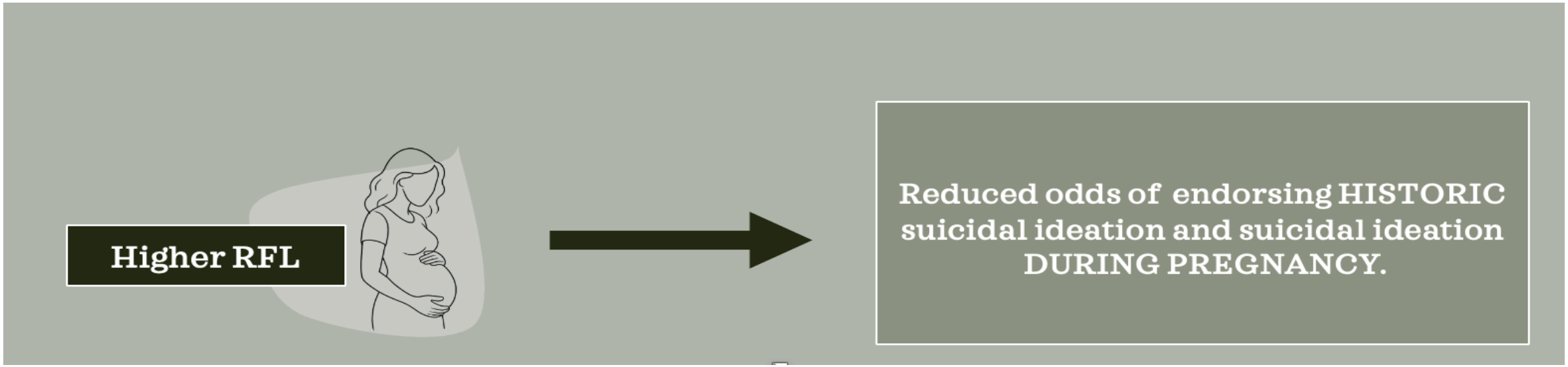
We measured: Emotion Dysregulation | Sleep Difficulties | Relationship Quality Financial Concerns | Pregnancy or Infant Related Concerns

Exploring Reasons for Living During Pregnancy

Reasons for Living (RFL) =
Beliefs and expectancies that mitigate suicide risk

- Reasons for staying alive
- Deterrents of suicide

- Survival and Coping Beliefs
- Responsibility to Family
- Child-Related Concerns
- Fear of Suicide
- Fear of Social Disapproval
- Moral Objections



Dunn et al., (in preparation)

Exploring Reasons for Living During Pregnancy

Key Takeaways:
During pregnancy. . .

(1) Reasons for Living reduced odds of suicidal ideation
(2) Parenting factors were relevant Reasons for Living
(3) Providers should assess Reasons for Living

Provider Barriers to Assessing and Responding to Suicidal Thoughts and Behaviors

- 50% of women experiencing perinatal mental health problems go undetected
- While everyone can play a role, identifying provider barriers is important

Policy Center for Maternal Mental Health. (2026, July). Maternal Mental Health Fact Sheet. https://policycentermmh.org/maternal-mental-health-fact-sheet

Provider Barriers

What barriers do you encounter related to assessing or responding to suicidal thoughts and behaviors?

Provider Barriers

1. Approaches for discussing and identifying perinatal mental health problems and suicide
    - Important yet ambivalence of asking about suicide
    - Utility of screening measures
    - Implications of word suicide
2. Competing demands and continuity of carer
    - Overload
    - Absence of rapport building and trust
3. Perinatal mental health suicidality training and support
4. Availability of perinatal mental health services and referral pathways

Dudeney, E., Meades, R., Ayers, S., & McCabe, R. (2025)

Screening, Risk Assessment, & Responding

SCREENERS:

Edinburgh Postnatal Depression Scale & Patient Health Questionnare-9

POLICY CENTER FOR Maternal Mental Health

About Policy

← Back To News

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

https://postpartum.net/professionals/screening/

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often — Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all
2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all
3. *I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never
4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often
5. *I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all
6. *Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever
7. *I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all
8. *I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all
9. *I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never
10. *The thought of harming myself has occurred to me
    - ☐ Yes, quite often
    - ☐ Sometimes
    - ☐ Hardly ever
    - ☐ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "√" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	TOTAL:			

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

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Screening, Risk Assessment, & Responding

asQ
Ask Suicide-Screening Questions

NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS

Suicide Risk Screening Tool

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ○ Yes ○ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ○ Yes ○ No
3. **In the past week, have you been having thoughts about killing yourself?** ○ Yes ○ No
4. **Have you ever tried to kill yourself?** ○ Yes ○ No
   If yes, when was the most recent attempt? _____ ○ Within last 12 months ○ Over 1 year ago

*If patient answers **Yes** to any of Questions #1 through #4, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ○ Yes ○ No
   If yes, describe briefly: _____

Screening result and next steps:

No to all Questions #1–#4

Negative screen

No intervention is necessary at this time. **NOTE:** Clinical judgment can always override a negative screen.

Yes to any of Questions #1–#4 and…

Yes to Question #5

Acute positive screen (imminent/acute risk identified)

- **Patient requires a STAT/urgent safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
- Keep patient in sight. Remove dangerous objects from room (if possible).
- Alert clinician responsible for patient's care.

No to Question #5

Non-acute positive screen (potential risk identified)

- **Patient needs a brief suicide safety assessment to determine if a full mental health evaluation is needed (and when).**
  EXCEPTIONS: When positive screen is solely due to Yes on Question #4 (i.e., lifetime suicide attempt), then a brief suicide safety assessment may not be necessary if:
  For adults: most recent attempt is >1 year ago
  For youth/young adults (e.g. under age 25): most recent attempt is >1 year ago AND a documented brief suicide safety assessment has been conducted since that attempt
- Non-acute positive status does NOT require 1-to-1 observation while patient is awaiting further assessment (unless there are other safety concerns).
- **If adult patient, or parent/guardian of youth patient, refuses the brief suicide safety assessment, document the refusal. Patient can be permitted to leave, unless there are other safety concerns.** Follow-up call is recommended.
- Alert clinician responsible for patient's care.

If the patient refuses to answer the screening questions:

- **For youth,** refusal is considered a **non-acute positive screen.**
- **For adults,** refusal is NOT considered a positive screen. No intervention is necessary at this time unless there are other safety concerns. Document the refusal.

SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.

Since Last Visit

1. Wish to be Dead — Yes ☐ No ☐

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
Have you thought about being dead or what it would be like to be dead?
Have you wished you were dead or wished you could go to sleep and never wake up?
Do you wish you weren't alive anymore?

If yes, describe:

2. Non-Specific Active Suicidal Thoughts — Yes ☐ No ☐

General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.
Have you thought about doing something to make yourself not alive anymore?
Have you had any thoughts about killing yourself?

If yes, describe:

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act — Yes ☐ No ☐

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it."*
Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?

If yes, describe:

SUICIDAL BEHAVIOR

(Check all that apply, so long as these are separate events; must ask about all types)

Since Last Visit

Actual Attempt: — Yes ☐ No ☐

A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.
Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.
Did you do anything to try to kill yourself or make yourself not alive anymore? What did you do?
Did you hurt yourself on purpose? Why did you do that?
Did you_____ as a way to end your life?
Did you want to die (even a little) when you_____?
Were you trying to make yourself not alive anymore when you _____?
Or did you think it was possible you could have died from_____?
Or did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)
If yes, describe:

Total # of Attempts: _____

Has subject engaged in Non-Suicidal Self-Injurious Behavior? — Yes ☐ No ☐

Has subject engaged in Self-Injurious Behavior, intent unknown? — Yes ☐ No ☐

Screening, Risk Assessment, & Responding

•People at risk for suicide are likely to experience changes in their level of risk over time; acute suicide risk usually increases and then decreases over a short period of time.

•The goal of safety planning is for people to become more aware of their personal warning signs that a suicidal crisis is beginning or escalating so that they can take action before they are in danger of acting on their suicidal feelings.

Stanley & Brown (2012)

Screening, Risk Assessment, & Responding

Safety Planning: https://suicidesafetyplan.com/forms/



Step 1. Warning Signs



Step 2: Internal Coping Strategies-Things I can Do To take My Mind Off My Problems Without Contacting Another Person



Step 3: People and Social Settings that Provide Distraction



Step 4: People Whom I Can Ask for Help during a Crisis



Step 5: Professionals or Professional Services I Can Contact During a Crisis



Step 6: Making the Environment Safer (Plan for Lethal Means Safety)



Screening, Risk Assessment, & Responding

Assessment Considerations and Challenges in Measuring Self-Injurious Thoughts and Behaviors in Pregnant and Postpartum People of Color

Cultural stressors and protective factors:

- Include assessments of social support, religious/spiritual beliefs, ethnic identity pride and belonging, and personal or cultural values to address relevant cultural stressors and protective factors.

- Collaboratively develop safety plans that incorporate cultural protective factors, ensuring they are specifically tailored to the unique circumstances and identities of each pregnant individual of color, being thoughtful not to rely on generalized cultural stereotypes.

- Explore the individual's comfort and openness to using crisis resources, acknowledging that some may have reservations about contacting therapists after hours due to cultural norms around boundaries or may be hesitant to engage with emergency services due to historical medical trauma or distrust. Identify alternatives that align with their values and preferences while still providing the necessary support.

Molina et al., 2026

Returning to Our Learning Objectives

Learning Objectives:

1. **Gain knowledge about rates of suicide in perinatal populations.**

2. **List risk and protective factors for suicidal thoughts and behaviors across the perinatal transition.**

3. **Understand barriers that providers experience when assessing or responding to perinatal suicide.**

4. **Learn skills for assessing and responding to perinatal suicidal thoughts or behaviors.**

Resources

- 988 Suicide and Crisis Lifeline
- Postpartum Support International
  - https://postpartum.net
  - 1-800-944-4773
- Maternal Mental Health Leadership Alliance
  - https://www.mmhla.org
  - National Maternal Mental Health Hotline: 1-833-TLC-MAMA
- American Foundation for Suicide Prevention: https://afsp.org/

Key References

- Chin, K., Wendt, A., Bennett, I. M., & Bhat, A. (2022). **Suicide and Maternal Mortality**. *Current Psychiatry Reports*, *24*(4), 239–275. https://doi.org/10.1007/s11920-022-01334-3
- Dudeney, E., Meades, R., Ayers, S., & McCabe, R. (2025). **Attitudes, experiences, and implications of asking about suicide during the perinatal period: A qualitative study with maternity healthcare practitioners**. *Midwifery*, *142*, 104309. https://doi.org/10.1016/j.midw.2025.104309
- Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., Musacchio, K. M., Jaroszewski, A. C., Chang, B. P., & Nock, M. K. (2017). **Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research**. *Psychological Bulletin*, *143*(2), 187–232. https://doi.org/10.1037/bul0000084
- Molina, N., Mendes S., Dunn, N., Nicosia, S., Crowell, S. & Park, A. (2026). **Assessment considerations and challenges in measuring self-injurious thoughts and behaviors in pregnant and postpartum people of color.** Translational Issues in Psychological Science.
- Reid, H. E., Pratt, D., Edge, D., & Wittkowski, A. (2022). **Maternal Suicide Ideation and Behaviour During Pregnancy and the First Postpartum Year: A Systematic Review of Psychological and Psychosocial Risk Factors**. *Frontiers in Psychiatry*, *13*, 765118. https://doi.org/10.3389/fpsyt.2022.765118
- Stanley, B., & Brown, G. K. (2012). **Safety planning intervention: A brief intervention to mitigate suicide risk.** *Cognitive and Behavioral Practice, 19*(2), 256-264. https://doi.org/10.1016/j.cbpra.2011.01.001
- Zivin, K., Zhong, C., Rodríguez-Putnam, A., Spring, E., Cai, Q., Miller, A., Johns, L., Kalesnikava, V. A., Courant, A., & Mezuk, B. (2024). **Suicide Mortality During the Perinatal Period**. *JAMA Network Open*, *7*(6), e2418887.



Thank You