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Symposium Title: Suicide in the Perinatal Period: Improving identification, assessment, and support for women who are suicidal during pregnancy or the postnatal period.

Overview of Symposium:

Suicide is a leading cause of maternal death in many countries, particularly in the first few months following birth. This symposium will discuss the findings from four research studies, aimed at understanding the experiences and factors surrounding suicide in the perinatal period, the acceptability of suicidality screening questions and barriers to discussing this topic within maternity care. Discussions will focus on the importance of risk assessment and support for research participants taking part in suicide research, and recommendations for the prevention and support of perinatal suicidality.

Abstract 1 Title: Factors surrounding acute medical admissions for self-harm during the perinatal period: A mixed methods study of linked electronic healthcare records

Authors: Abigail Easter (Corresponding), Dr Victoria Dain (King's College London), Sergio Silverio (King's College London), Dr Fiona Challacombe (King's College London), Professor Jane Sandall (King's College London), Professor Louise M. Howard (King's College London)

Introduction: Suicide is a substantial cause of maternal deaths. Self-harm, particularly when requiring medical intervention, is a predictor of future suicide. Women with mental illness have an increased risk of self-harm during the perinatal period (i.e., pregnancy and the first year postnatal), yet there is a paucity of research in this group.

Aims and Objectives: This study aimed to investigate the: 1) rate and characteristics of medical admissions for self-harm during the perinatal period among women with a history of mental illness; 2) contextual factors surrounding hospital admissions for self-poisoning events in the perinatal period.

Methods: Admitted patient care records (2007-2018; n=17,658) were searched to identify medical hospital admissions following perinatal self-harm, among women in contact with mental health services. Linked maternity, mental health and critical care data were used to investigate women's socioeconomic and clinical characteristics. Mental healthcare clinical notes (2013-2017) were extracted for women who had contact with mental health services following self-poisoning admissions (n=39). Template analysis was used to qualitatively explore the contextual factors around self-poisoning admissions. A co-location of themes approach was used to describe overarching characteristics of risk factors.

Results: Between 2007-18 there were 448 medical admissions, among 304 women. Most admissions (n=284; 63.4%) occurred in the postnatal period and were following self-poisoning (n=404; 90.2%). A third (n=103, 33.8%) had multiple admissions during the perinatal period, and 27.3% (n=83) had a history of self-harm prior to their first admission. Qualitative analysis identified three 'internal psychological' and two 'external psychosocial' factors surrounding self-poisoning admissions. Distinct risk profiles were identified, characterized by the level of suicidal intent and planning.

Conclusions: This study emphasises the risk of self-harm admissions among women with mental illness. Greater understanding of the risk and protective factors identified in this study could inform care planning and help mitigate the future risk of suicide in this vulnerable population.

Abstract 2 Title: Perinatal women's views and experiences of suicidality screening: A qualitative study exploring the acceptability of measures

Authors: Elizabeth Dudeney (corresponding), Rose Coates, Susan Ayers, Rose McCabe

Institution: Centre for Maternal and Child Health Research, School of Health and Psychological Sciences, City, University of London.

Background: Suicide is a leading cause of death for perinatal women. It is estimated that 50% of women with perinatal mental health issues are not identified, despite regular contact with healthcare services. Research that explores perinatal women's experiences of suicidality assessment and/or screening, or research that examines their views regarding the content and acceptability of suicidality questions used in maternity care remains limited.

Aims and objectives: This study sought to: i) explore the acceptability, relevance, and appropriateness of suicidality screening questions to perinatal women, and ii) explore barriers and facilitators for discussing this topic in the context of maternity care.

Method: Twenty-one semi-structured interviews were conducted with pregnant and postnatal women in the UK. The sample included women who had experienced mental health and/or suicidality during the perinatal period, and those who had not. Reflexive thematic analysis was used to explore the data and identify emergent themes.

Results: Findings indicated that the wording, content, and context of suicidality screening measures that have been validated with perinatal women were largely unacceptable in their current form. Key themes included: implications of the terminology used to ask about suicidal thoughts and behaviours; stigma, judgement, and fearing the consequences of endorsing suicidality; need for continuity in maternity care provisions; and a lack of appropriate and proportionate information on perinatal mental health and services. Participants also expressed that communication style and the quality of relationships with healthcare practitioners was central to facilitating open and honest discussions regarding perinatal suicide.

Conclusions: Existing suicidality screening questions may not be acceptable to perinatal women. Maternity practitioners and researchers should consider the phrasing, context and framing of questions when discussing suicidality with perinatal women to ensure that potential barriers are not being reinforced. The development of suicidality measures that are acceptable, appropriate, and relevant to perinatal women are warranted.

Abstract 3 Title: Considerations regarding suicide research in a large cohort of perinatal women

Rose Coates (corresponding), Andrea Sinesi, Catherine Best, Helen Cheyne, Margaret Maxwell, Susan Ayers, and the MAP Team

Background: Studies collecting data about suicidality need to have clear and robust methods of ensuring that participants are looked after in the research context.

Aims and objectives: This study described and reported the outcomes of research procedures and risk assessments when suicidality was disclosed in a large cohort study. The study also reported the prevalence of suicidality in the cohort. We aim to discuss the challenges and benefits of our approach to conducting research about perinatal suicidality.

Method: The Methods of Assessing Perinatal Anxiety (MAP) study recruited 2,245 pregnant women with the aim of establishing which of four assessment measures was most effective at identifying diagnosed mental health disorders. Women completed questionnaires at 12, 22, and 31 weeks of pregnancy and 6 weeks after birth. The questionnaire included the CORE-10 item 'I made plans to end my life'. Procedures were in place to contact women who endorsed any option other than 'not at all'

Results: Questionnaires were screened on the day they were received and any women who had indicated a positive response to the item was called by a trained member of the research team to conduct a risk assessment. Further action was taken in collaboration with the participant where necessary. Outcomes of risk assessments included women stating that they were reporting historical suicidal ideation, they had endorsed the question in error, they were already under the care of services, or they felt unsupported. Across time points between 9 women and 36 women indicated they had made plans to end their life.

Conclusions: The time frame specified in questionnaire items about suicide may not be reflected in women's responses, and women may endorse questions in error. Women were largely appreciative of being contacted by the research team about their mental health.

Abstract 4 Title: Attempted Suicide in the PERiNatal period (ASPEN-study) – a qualitative study into women's experiences of support

Authors: Kaat De Backer, Alexandra Pali, Abigail Easter (corresponding) and the ASPEN Study Team

Institutions: King's College London, Department of Women and Children's Health

Background

Perinatal suicide is one of the leading causes of maternal death, both in a UK, European and international context. The consequences and impact of maternal suicide on the infant, close family and wider community are profound and long-lasting. Nevertheless, research into perinatal suicide is scarce, with very few studies exploring views of women who survived a suicide attempt in pregnancy or the year after birth.

Aims and Objectives

To explore women's experience of perinatal suicide attempt, their interactions with healthcare services, their experiences and needs and the sources of support available to them.

Method

A study protocol and topic guide were co-designed with input from service users and stakeholders. We recruited (N = 9) women and their nominated "significant other" (N = 4) to semi-structured interviews, conducted virtually. Interviews were recorded, transcribed verbatim and uploaded into NVivo software for management and analysis, which was conducted using Reflexive Thematic Analysis. Women were offered a de-brief session with a psychologist to ensure their emotional wellbeing after the interview and offered reimbursement for their time.

Results

Four main themes around support were identified: "abandoned and silenced," "missed opportunities," "social support is multi-layered," and "peer support as a mirror for recovery." Women regularly felt isolated, feared stigma and shame, were not asked about mental health, offered insufficient support, or were invalidated when they voiced concerns. Similarly, the role of social support was complex. For several women their partner was key to intervening in their attempt, they were at the same time often not aware of the extent of their partners

mental health or suicidal thoughts. Peer support helped women regain hope and several women went on to provide peer support themselves.

Conclusion

Pregnant or newly post-partum women are currently not asked the right questions about mental health at the right time. There needs to be a de-stigmatisation of ill mental health and suicidal ideation during this period in both healthcare and the public so that women can feel comfortable to talk about their concerns and be offered appropriate and timely support.