

Maternal suicide: Understanding risk and strengthening support during pregnancy and postpartum

Pregnancy and new parenthood are often portrayed as joyful milestones — but for many, these times also bring emotional and psychological vulnerability. While rarely discussed openly, maternal suicide is a leading cause of death during pregnancy and the first year after birth. It is often the final outcome of untreated mental health conditions and a preventable tragedy when the right support systems are in place.

By recognizing the risks and supporting maternal mental health with compassion and urgency, we can help save lives and ensure no one navigates parenthood alone.

Why are new and expecting parents at risk?

The perinatal period — during pregnancy and up to one year postpartum — can be filled with physical, hormonal, and emotional changes. These shifts are challenging in themselves, and can be further complicated by social expectations to appear joyful, grateful, or “perfect.”

Risk factors for suicide during this time may include:



Mental health conditions

- Depression and anxiety are the most common complications of pregnancy — not just feelings of “baby blues.”
- Bipolar disorder, PTSD, and substance use disorders also commonly emerge or worsen during the perinatal period.
- These conditions are often underdiagnosed and untreated, increasing the risk of suicidal thoughts or actions.



Barriers to care

- Many birthing people are not screened for mental health conditions — or are screened only once.
- Even when symptoms are identified, access to care may be limited due to cost, lack of providers, childcare needs, transportation, or stigma.
- BIPOC and low-income individuals are less likely to receive timely, culturally competent care, further compounding risk.



Life stressors

- Major life stressors like [intimate partner violence](#), financial insecurity, housing instability, and lack of social support can overlap with pregnancy and postpartum periods and contribute even greater emotional strain.
- New parents may feel pressure to prioritize the baby's health over their own, delaying help-seeking.



Silenced suffering

- Many struggling parents feel intense shame or fear judgment, especially if their thoughts don't match societal expectations for how parents should think and feel.
- Suicidal thoughts may go unspoken out of fear of child welfare involvement or being labeled a “bad parent.”

What helps protect maternal mental health?

Maternal suicide is highly preventable. When communities, health systems, and families prioritize emotional wellbeing as part of prenatal and postpartum care, parents have a better chance to heal and thrive.



Open conversation, compassion, and support

- Destigmatizing postpartum struggles is key to reducing suicide risks. Community awareness campaigns, peer support, and open conversations can help parents feel less alone and more empowered to ask for help.
- If someone you know is experiencing postpartum depression, consider how you can provide a listening ear, lend a hand with essential tasks, or encourage them to seek help. Check out [Rula's tips for supporting a loved one with postpartum depression](#).



Routine, universal screening

- Mental health screenings should happen throughout pregnancy and postpartum — not just once.
- Early identification allows for timely intervention before symptoms escalate.



Culturally competent, accessible care

- Systems must address disparities by providing care that reflects the cultural, linguistic, and socioeconomic needs of diverse communities.
- Expanding Medicaid coverage for postpartum care to a full year can ensure continuity of support.



Integrated support services

- Co-located or collaborative care models — where obstetric and behavioral health teams work together — lead to better outcomes. Having your OB-GYN and a mental health provider on the same care team means you don't have to navigate everything alone — they're working together to support your full well-being.
- Wraparound services like housing support, domestic violence advocacy, and parent peer support are essential.



Every parent deserves support

Maternal suicide is not inevitable. When we listen without judgment, screen routinely, and build equitable systems of care, we help parents feel safe, seen, and supported in one of life's most demanding and beautiful transitions.

If you or someone you love is struggling during pregnancy or postpartum, help is available:

- **National Maternal Mental Health Hotline:** 1-833-9-HELP4MOMS (1-833-943-5746) – 24/7 support in English and Spanish
- **988 Suicide & Crisis Lifeline:** Call or text 988
- **Postpartum Support International:** www.postpartum.net – Find local providers and peer support

Source: [Policy Center for Maternal Mental Health](#)