Peripartum suicide: additional considerations

We would like to commend Dr. Grigoriadis and her colleagues for their recent article on perinatal suicide in Ontario.[1] In addition to the many important findings they identified through a study of the epidemiological data, the publication of this article has brought increased focus to perinatal mental health, which is very important in educating the public and reducing stigma.

There is increasing evidence that suggests that postpartum women are at a high-risk for a first onset or relapse of bipolar disorder.[2,3] This has important implications because bipolar disorder has been identified in many cases of maternal infanticide.[4] It is possible that bipolar disorder is also implicated in many instances of perinatal suicide, but this issue has not been systematically studied. Although this study found major mood disorders in 51.0% of the perinatal suicide group, the diagnoses were not further differentiated into major depressive disorder, bipolar disorder or other mood disorders.

Given the high risk of bipolar disorder in the postpartum period, clinicians should be judicious in the use of antidepressants during this time. Screening for postpartum depression has become a routine part of obstetrics and primary care practice.[5] However, screening for bipolar disorder is not routine in these settings. Although an increased awareness of perinatal mental health is important, we have concerns that fear of suicides occurring in the perinatal population could lead to an increase in inappropriate prescribing of antidepressants. The increased frequency of contact that pregnant and postpartum women have with primary care and obstetrics makes the perinatal period an ideal time to identify women with mental health concerns, support them and connect them with appropriate resources and treatment.

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References

1. Grigoriadis S, Wilton AS, Kurdyak PA, et al. Perinatal suicide in Ontario, Canada: a 15-year population-based study. *CMAJ* 2017;189:E1085-92.
2. Freeman MP, Smith KW, Freeman SA, et al. The impact of reproductive events on the course of bipolar disorder in women. *J Clin Psychiatry* 2002; 63:284-7.
3. Munk-Olsen T, Laursen TM, Meltzer-Brody S, et al. Psychiatric disorders with postpartum onset: possible early manifestations of bipolar affective disorders. *Arch Gen Psychiatry* 2012;69:428-34.
4. Kim JH, Choi SS, Ha K. A closer look at depression in mothers who kill their children: Is it unipolar or bipolar depression? *J Clin Psychiatry* 2008;69: 1625-31.
5. Committee on Obstetric Practice. The American College of Obstetricians and Gynecologists Committee Opinion no. 630. Screening for perinatal depression. *Obstet Gynecol* 2015;125:1268-71.

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