Homicides and Deaths by Suicide Linked to Pregnancy Often Associated with Mental Health Conditions, Substance Use Disorders, and Intimate Partner Violence, New Study Suggests

Washington, D.C. — Homicides and death by suicide associated with pregnancy are commonly preceded by mental health problems, substance use disorders (SUD), or intimate partner violence, according to a new study in Obstetrics & Gynecology (the Green Journal), published by the American College of Obstetricians and Gynecologists (ACOG).

With a recent paper in the Green Journal concluding that homicide and death by suicide are leading causes of death during pregnancy and the postpartum period, the new study identifies risk factors for pregnancy-associated violent death, emphasizing that every such death should be considered preventable and highlighting opportunities for intervention.

Anna Modest, PhD, MPH, lead author of the study and a researcher at Beth Israel Deaconess Medical Center in Boston, Massachusetts, said, “These deaths can absolutely be prevented. Certain risk factors, such as mental illness and intimate partner violence, loom large. Our findings underline the urgent need for increased attention to at-risk individuals. We need expanded evidence-based strategies and interventions for safeguarding people during and after pregnancy.”

Senior author Naima T. Joseph, MD, MPH, FACOG, a maternal–fetal medicine physician at Beth Israel Deaconess Medical Center, added, “As clinicians across the country navigate environments in which patients are no longer able to make decisions regarding their own pregnancies, there is an especially vulnerable group whose lives and well-being are at risk. It is important that clinicians caring for pregnant persons assess and address risks such as mental health, substance use, and intimate partner violence in the clinical setting in addition to advocating for policies that make childbearing safe.”

The investigators used data from the Centers for Disease Control and Prevention's National Violent Death Reporting System from 2008 to 2019. Among women and girls aged
15–44, 21% of homicides (660) and 9% of suicides (640) were associated with pregnancy—a total of 1,300 reported deaths. The risk of violent death was highest during pregnancy and the late postpartum period (43 days to one year after giving birth). Firearms were used in two out of three homicides and one in three deaths by suicide. Among deaths in which circumstances were known, intimate partner violence—which includes a broad range of violent and coercive behaviors—was a substantial factor in both homicides (57%) and deaths by suicide (37%).

Non-Hispanic Black women were disproportionately victims of pregnancy-associated homicide. The homicide victims were likely to be single and relatively young with limited education—a population also at particularly high risk of being harmed by restrictions on abortion care.

Pregnancy-associated death by suicide was more prevalent among those who were non-Hispanic white, were married or partnered, and had some college education. Most suicide victims during or after pregnancy had a diagnosed mental health condition, SUD, history of attempted death by suicide, or a combination of those factors, for which they were currently or previously receiving treatment.

The study authors emphasize the urgent need for evidence-informed strategies to eliminate these maternal deaths, noting that prenatal care presents key opportunities for interventions such as screening for and discussing suicide and homicide risk factors, including mental health conditions, intimate partner violence, and firearms access. Accessible, nonstigmatizing SUD screening and treatment is also essential and may help pregnant people struggling with substance use access prenatal care.
