Risk Assessment: Thoughts of Suicide or Harm to Baby

While intrusive thoughts of harm to self or others are common in individuals with perinatal complications, acting on those thoughts is rare. Any concern about safety requires additional clinical assessment. Reassessment is needed as circumstances change.

Assessing Risk of Suicide

Ask Patient:

1. *"In the past two weeks, how often have you thought of death or wanting to die?"*
2. *"Have you thought about ways in which you could harm yourself or attempt suicide?"*
3. *"Have you ever attempted to hurt yourself or attempted suicide in the past?"*
4. *"What prevents you from acting on thoughts of death or wanting to die?"*

Note* *Always ask about harm to baby (see below)*

Ask about Protective Factors	• Future orientation • Stable housing	• Responsibility for other children • Social support and	• Actively engaged in recovery and mental health treatment
Ask about Risk Factors	• Loss of custody • Prior suicide attempt • Initimate partner violence	• Trauma history • Unstable living • Social isolation	• Family history of suicide • Access to lethal means • Lack of engagement in recovery and mental health treatment

	Low Risk	Moderate Risk	High Risk
Current Suicidality	Fleeting thoughts of death, no plan, intent, or behavior	Regular thoughts of wanting to die with possible plan, but no intent or behavior	Persistent thoughts of death/that life is not worth living with strong intent or rehearsal. Any suicidal behavior/attempt.
Intervention Options	• Refer to behavioral health provider for further assessment • Provide crisis lines • National Suicide Prevention Lifeline: 1-800-273-8255 • Consider safety plan	• Contact behavioral health provider for urgent assessment • Provide crisis lines • National Suicide Prevention Lifeline: 1-800-273-8255 • Develop safety plan	• Do not leave alone • Arrange transportation to local emergency room. If transport is unclear, call Emergency Services Program (ESP) team or 911.

Assessing Risk of Harm to Baby

Ask Patient:	Provide Psychoeducation, if Needed
1. *"Have you had any intrusive or unwanted thoughts?"* 2. *"Have you had any thoughts of harm coming to your baby?"* 3. *"Do you ever worry or think about harming the baby yourself?"* If **yes** to any of the above questions, ask, *"how often, how recent and how scary and/or worrisome are the thoughts?"*	• **Warning Signs:** Any signs of postpartum psychosis, avoidance of baby, irritability, impulsivity; see *Summary of Emotional Complications during Pregnancy and the Postpartum Period (pages 11, 12).* • Unwanted or intrusive thoughts, including those of harming the baby, are common among postpartum individuals. • Most people will **not** act on these thoughts because they are usually related to anxiety, depression, and obsessive-compulsive disorder, as opposed to thoughts of harming the baby that are associated with delusions or psychotic thinking. • Postpartum psychosis is most commonly associated with bipolar disorder.

	Low Risk *Diagnosis of depression, obsessive-compulsive disorder (OCD), anxiety*	Moderate Risk *Diagnosis unclear*	High Risk *Confirmed or suspected postpartum psychosis or diagnosis of bipolar disorder*
How to Determine Risk	• Good insight • Thoughts are intrusive and scary • No psychotic symptoms • Thoughts cause anxiety	• Insight is unclear • Thoughts may be disturbing (variable) • Difficult to determine whether patient is psychotic	• Poor insight • Psychotic symptoms (delusional beliefs, distortion of reality, hallucinations, disorganized thinking, paranoia) • Thoughts do not cause anxiety
How to Intervene	• Provide reassurance and education • Engage in mental health treatment • Discuss when and how to reach out for help should they feel unsafe	• Facilitate rapid psychiatric assessment • Engage in mental health treatment • Mobilize supports and create a contingency plan for change in status to higher risk	• Call emergency services/911 • Positively reinforce patient honesty • Do not leave mother and baby unattended • Facilitate psychiatric assessment/ ongoing treatment

Call MCPAP for Moms with questions, Monday–Friday, 9 a.m.–5 p.m., 855-MOM-MCPAP (855-666-6272).

Adapted from Lifeline for Moms Toolkit.

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