

CONTRIBUTION OF HOMICIDE AND SUICIDE

TO MATERNAL MORTALITY IN INDIANA

A CALL TO ACTION

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# INTRODUCTION

## Overview

- Maternal deaths due to homicide and suicide (domestic violence and perinatal mood disorders) in the United States
- Maternal deaths due to homicide and suicide (domestic violence and PMD) in Indiana
- Recommendations for action

## Why are these issues important?

- Economic impact
- Public health impact
- Social implications: Challenging norms

# DEATHS DUE TO HOMICIDE

## AND SUICIDE IN THE UNITED STATES

- Prevalence of domestic violence: 25% - 33%
- As common as gestational diabetes or preeclampsia
- Pregnant/recently pregnant women more likely to be homicide victims than to die of any other cause
- 92% of female homicide victims killed by someone they know
- Highest risk: young women, Black women, no PNC
- Prevalence of PMD: 1 out of 7 women
- Pregnancy often considered “protective” against suicide
- CDC: Suicide is in the top 5 causes of death for women between ages of 15 – 44
- Suicide may account for between 2.7% - 15% of deaths within one year postpartum
- Britain: 40% of maternal deaths indirectly due to depression

MORBIDITY - - GRAVE IMPACTS ON MATERNAL  
FETAL AND INFANT HEALTH

# MATERNAL MORTALITY

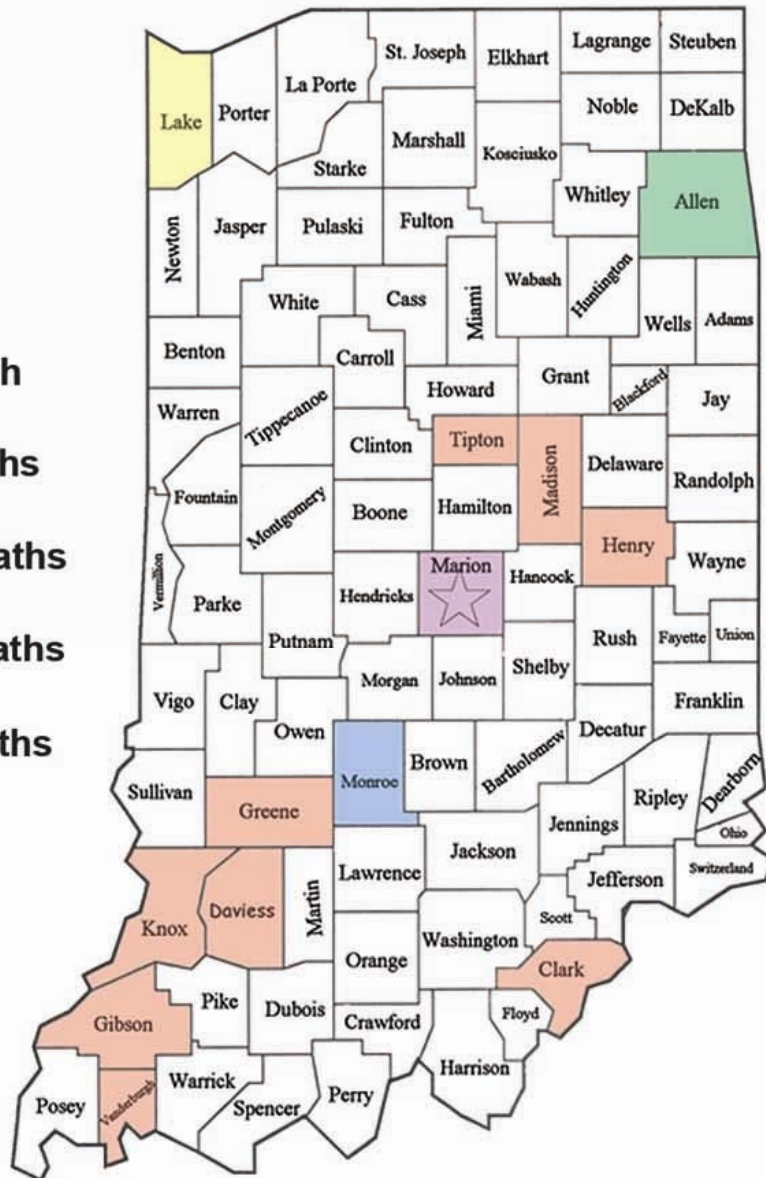
## INDIANA

- 128 deaths of pregnant/postpartum women between 2002 – 2005
- Causes of death:
  - Medical (39.8%)
  - Accident/Unintentional Injury (21%)
  - Homicide (16.4%)
  - Undetermined (10.1%)
  - Suicide (7.8%)
  - Drug/Alcohol (4.7%)
- 77.5% White, 14.7% Black, 7.7% Other/Not listed

# HOMICIDE AND SUICIDE DEATHS OF PREGNANT AND POSTPARTUM WOMEN

- 31 deaths (24.2%)
  - 21 homicides (67.7%)
  - 10 suicides (32.3%)
- One-third pregnant at time of death; majority of other deaths occurred during the first 6 months postpartum
- 58% age 24 or under
- One-third Black

-  Counties reporting one death
-  Counties reporting two deaths
-  Counties reporting three deaths
-  Counties reporting eight deaths
-  Counties reporting nine deaths



**PREGNANT AND POSTPARTUM HOMICIDES AND SUICIDES  
BY INDIANA COUNTY 2002-2005**

# HOMICIDE AND SUICIDE DEATHS OF PREGNANT AND POSTPARTUM WOMEN

## Homicide Victims:

- 24% pregnant at time of death
- 43% of postpartum deaths occurred within 6 months
- 66%  $\leq 24$  years, (23.8%  $\leq 19$ )
- 47.6% Black

## Suicide Victims:

- 6 pregnant at time of death; postpartum deaths were evenly split
- 40%  $\leq 24$  years
- 100% White
- 2 had known mental health diagnosis

- Smoking
- Evidence of past abuse among women who were not homicide victims
- Possible under-categorization of homicide/suicide victims
- Social complexity of the cases: late/no PNC, drug use, obesity, STIs

NOTES OF INTEREST FROM THE DATA

# SELECT LIMITATIONS

- Missing/incomplete information
- Maternal factors
- Connection between domestic violence, PMD, and death

# DISCUSSION

## TRENDS FROM THE DATA

- Race
- Age
- Marital status
- Location
- Time of death during perinatal period

# CASE REPORT NOTES

Called husband in AM. While on phone  
husband heard a single shot.

Drove car over embankment onto creek bed.

Left a note to the family: "I've  
decided I wasn't worth the time."

Forced off bridge - I80-94 at Grant Street.

**Suicide. Place of death: Holiday Inn.**

Six empty pill bottles found  
by decedent. 14 suicide  
notes in sealed envelopes.

Shot x3 close  
range. Husband killed wife  
then shot self. 18 month  
old and 1 week old infant  
survived.

Husband beat, strangled, stabbed wife and  
killed unborn baby then fled scene.

# ADDRESSING MATERNAL HOMICIDE

## AND SUICIDE IN INDIANA

- Improve data collection and reporting
- ✓ Develop a statewide maternal mortality review team
  - Indiana Fetal and Infant Mortality Review (FIMR) as a resource
- Conduct family interviews

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# ADDRESSING MATERNAL HOMICIDE

## AND SUICIDE IN INDIANA

- Collaborate with outside groups
  - Other states' maternal death review teams
  - Local advocacy groups
- Provide clinical outreach and education
  - System for informing clinicians of patient deaths
  - Partner with statewide professional organizations
  - Educate providers on identification and management of domestic violence and PMD
- Reframe the issue to include social change
  - *How do social, medical, legal, and administrative policies and systems fail to meet the health and safety needs of vulnerable women?*

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are needed to see this picture.

TIFF (Uncompressed) decompressor  
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- Recognize the impact on your patient/clients...many of them may be suffering from violence and/or mental health issues and may fear disclosing it
- Incorporate screening/inquiry into your diagnostic differential and standards of care
  - ACOG: Screening should include assessment of barriers to care, unstable housing, unintended pregnancy, communication barriers, nutrition, tobacco use, substance use, **depression**, safety, **intimate partner violence**, and stress.
- Know the services and resources in your community

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## Family Violence Prevention Fund

*Abuse identification and response tools for the healthcare setting*

<http://www.endabuse.org/programs/healthcare/>

## Indiana Coalition Against Domestic Violence

<http://www.violenceresource.org>

## Indiana Perinatal Network

*Provider/consumer information on PMD, live chats, statewide resource map*

[http://www.indianaperinatal.org/providers\\_map.aspx](http://www.indianaperinatal.org/providers_map.aspx)

## MedEd PPD

*Information for consumers and providers on PMD*

<http://www.mededppd.org/>

## Postpartum Support International

*Information and support for patients and families*

<http://www.postpartum.net/>

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**INQUIRIES**

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