

Perinatal self-harm: an overlooked public health issue

Self-harm is most common in adolescents and young adults, particularly in women. Thoughts of self-harm can also happen during pregnancy and the year after birth (perinatal period).¹ However, little is known about perinatal self-harm: the effect on the fetus or infant, or whether these behaviours predict suicide. Understanding perinatal self-harm might be important for maternal death prevention strategy. Moreover, self-harm in pregnancy has potential consequences on the fetus and might reflect difficulties in maternal emotional regulation.

Evidence suggests that self-harm during the perinatal period is rare in the general population; however, in women with severe mental disorders, it is more common with some studies reporting prevalence of up to 20%.² Appleby and colleagues showed a protective effect of the perinatal period against suicide in general,³ but an increased risk of suicide in women with severe postpartum psychiatric disorders, highest in the postnatal year.⁴ Most studies investigating the prevalence of perinatal self-harm use population administrative datasets based on hospital discharge coding, which, particularly in relation to stigmatising issues such as self-harm, have a high risk of misclassification bias, and do not capture women who self-harm but do not present to hospital. Studies using non-administrative data are usually small and use measures that do not identify self-harm throughout pregnancy and the year after birth, thus failing to establish the true prevalence for any given period.

The effect of perinatal self-harm on future maternal and child mental health is also unclear. Untreated maternal mental disorder can negatively affect infant outcomes.⁵ Perinatal self-harm

could be a marker of untreated illness. There is mounting evidence suggesting a link between parental self-harm and a wide range of adverse outcomes for the child later in life.⁶

Maternal suicidal ideation can affect mother and infant bonding,⁷ and even preconception self-harm has been associated with bonding difficulties in the first year after birth.⁸ Perinatal self-harm is likely to be a marker of bonding difficulties and potentially deficits in mother and infant interactions, which mediate childhood mental health problems. Indeed, there is evidence of an inverse trend between the risk of offspring suicide or attempted suicide and the age of exposure to a parental suicide attempt.⁸

Perinatal self-harm could therefore be a substantial public health issue that is overlooked by the research community and health services, despite the perinatal period being a crucial time to identify such problems, as pregnant and postnatal women are in frequent contact with health-care professionals.

Research on perinatal self-harm is crucially needed. Targeted interventions, including routine enquiry about self-harm, have the potential to improve maternal and child outcomes.

We declare no competing interests.

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