

# Postpartum Depression Leading to Suicidal Death – A Case Report

**S Praveen, SH Jayanth, S Anitha**

Dept of Forensic Medicine, MS Ramaiah Medical College, Bangalore-560054

## Abstract

During Post partum period up to 85 % of women experience some type of mood disturbance. For most women symptoms are transient and relatively mild. Sometimes women experience most disabling form of depression leading to suicide. The link between the reproductive status and depression illness is further evident by the high frequency of depression during the pre menstrual phase, the peri menopausal phase and the immediate post partum period. Post partum depression can lead to suicide because the women suffer from hopelessness and depression. The most telling post partum depression symptom usually involves crying, sadness, fatigue, and changes in sleeping and eating patterns, anxiety and irritability. Here we discuss such a case where a woman who was in post partum depression succumbed to death by committing suicide by hanging.

**Keywords:** Post Partum depression, suicide, hanging

## Introduction

Historically the connection between child birth and psychiatric illness has been well recognized. In 460 B.C. Hippocrates described “puerperal fever” theorizing that suppressed lochial discharge was transported to the brain where it produced “agitation, delirium and attacks of mania” (1). Postpartum depression (PPD) also called as post natal depression is a form of clinical depression which can affect women, and less frequently men, after child-birth. Prevalence rates among women from 5% to 25% (2). Suicide and suicide attempts during the postpartum year are rare events. Postpartum suicide rates ranges from 0.5 to 5.9 per 100000 live births.(3) The link between the reproductive status and depression illness is further evident by the high frequency of depression during the pre menstrual phase, the peri menopausal phase and the immediate post partum period. (4) Postpartum depression occurs in women after they have carried a child usually in the first few days and may last up to several months or a year. Symptoms included sadness, fatigue, and changes in sleeping and eating patterns, anxiety and irritability. It is assumed that post partum depression is caused by lack of vitamin.

In this article we are discussing a death of female who was in post partum period have committed suicide. Her perinatal symptoms and history are suggestive of the post partum depression.

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For Correspondence

Dr Praveen S, Associate Professor, Dept of Forensic Medicine, MS Ramaiah Medical College, Bangalore-560054



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Fig No 2



Fig No3

Fig 2 and 3 Shows external appearance of the deceased



Fig No 4. Shows faint ligature mark



Fig No 5. Shows neck tissues which are pale and glistening

### **Autopsy findings**

#### **External Examination**

Dead body of a female measuring 5 feet 7 inches moderately built and nourished, light brown in complexion, both breasts enlarged, engorged with visible superficial veins.

Horizontally placed scar present over lower abdomen.

#### **Injuries**

1. Abrasion, 2cm x 2cm present at left angle of mouth.
2. **Ligature Mark:** A faint oblique ligature mark, 20cm x 4cm, front and sides of neck, 5cm below left ear lobule, 7cm from chin and 4cm from the right ear lobule. Skin over the ligature mark is hard.

**Ligature Material:** maroon colour synthetic saree, 600 cm. On twisting it corresponds to ligature mark and can withstand the weight of the body.

**On dissection of neck:** tissues beneath ligature mark are pale and glistening. Hyoid bone and thyroid cartilage are intact.

#### **Internal Examination**

All the organs were intact and congested and shows signs of asphyxia

Uterus: Weighs 700 g, measures 26cm x 12cm x 4cm with cavity being empty.

Abrasion is bright red in color. All injuries are ante mortem in nature.

Ante mortem Ligature Mark.

CAUSE OF DEATH was opined as "DEATH IS DUE TO ASPHYXIA AS A RESULT OF HANGING".

## Discussion

The death of a female who was in postpartum period having committed suicide by hanging and her symptoms and history suggestive of Postpartum Depression.

Postpartum mood disorders

1. Postpartum Blues: 80%
2. Postpartum depression: 15%
3. Postpartum psychoses: 5%

### Postpartum Blues

Up to 85% of women experience this.

Rapidly fluctuating mood, tearfulness, irritability, and anxiety.

- Symptoms peak on the 4th or 5th day after delivery and last for several days, but they are generally time-limited and spontaneously remit within the first 2 postpartum weeks. **(5)**
- Symptoms do not interfere with a mother's ability to function and to care for her child.
- Women with more severe symptoms or symptoms persisting longer than 2 weeks should be screened for postpartum depression.

### Postpartum Psychosis

- Most severe form.
- Rare, approximately 1-2 per 1000 women after childbirth.
- H/o bipolar disorder or a previous episode of postpartum psychosis.
- Dramatic onset, as early as the first 48-72 hours after delivery. In most symptoms develop within the first 2 postpartum weeks. **(6, 7)**
- Resembles rapidly evolving manic or mixed episodes with symptoms such as restlessness and insomnia, irritability, rapidly shifting depressed or elated mood, and disorganized behavior.
- Delusional beliefs that relate to the infant (e.g. baby is defective or dying, infant is Satan or God), or she may have auditory hallucinations that instruct her to harm herself or her infant.
- Risks for infanticide and suicide are high among women with untreated postpartum psychosis

### Postpartum Depression

While more common than gestational diabetes, pre eclampsia, and preterm delivery, postpartum depression has received much less attention in contemporary medical literature, training, and clinical practice. Although both the academic and lay press has recently increased the focus on postpartum depression, this condition remains a frequently overlooked illness despite its potentially devastating consequences. Debate continues about its cause, definition, diagnostic criteria, and even its existence as a distinct entity.

### Definition

Postpartum depression is an affective disorder (any mental disorder characterized by a consistent change in mood that affects thoughts and behaviors) that can occur after pregnancies of all duration, from spontaneous (not induced) abortions, also called miscarriages, to full-term deliveries. (8)

### Demographics

- There is a 20% to 30% risk of postpartum depression for women who had a previous depressive episode that was not associated with pregnancy.
- Additionally, there is an increased risk of recurrence in subsequent pregnancies since 50–100% of patients will have more than one episode.

### Incidence

- Studies of maternal mortality: suicide accounts for between 2.7% and 15% of all deaths to women within 1 year postpartum, rate being 0.5 to 5.9/100000 live births.
- The link between reproductive status and depressive illness is further evidenced by the high frequency of depression during the premenstrual phase, the peri menopausal period, and the immediate postpartum period.
- Study found that 520 postpartum women were hospitalized for a suicide attempt, resulting in a rate of 43.9 per 100000 live births.
- It found that suicide attempts were most frequent in the first month (10.5%) and 12th month (10.0%)
- Least frequent in the second (4.0%) and third (6.3%) months postpartum.
- Study found 17 cases of contemplated postpartum suicide (rate: 1.4 per 100000 live births).
- Nearly all women died before hospitalization; 3 women died in the hospital.
- Postpartum women who committed suicide most often used(9)
  1. Firearm (53%)
  2. Hanging (12%).
  3. Tranquilizers or psychotropics (6%)
  4. Analgesics, antipyretics, or anti rheumatics (6%)
  5. Jumping from a high place (6%)
  6. Other methods (17%).

### Causes

Hormonal factors

Psychosocial factors

Biologic vulnerability

### **Risk Factors (10)**

All women are vulnerable to postpartum depression, regardless of age, marital status, education level, or socioeconomic status. While it is impossible to predict who will develop PPD, certain risk factors for PPD have been identified, including:

1. Previous episode of PPD
2. Depression during pregnancy
3. History of depression or bipolar disorder in family
4. Recent stressful life events
5. Inadequate social supports
6. Marital problem

### **SYMPTOMS (11)**

- Sadness
- Hopelessness
- Low self-esteem
- Guilt
- A feeling of being overwhelmed
- Sleep and eating disturbances
- Inability to be comforted
- Exhaustion
- Anhedonia
- Social withdrawal
- Low or no energy
- Becoming easily frustrated
- Feeling inadequate in taking care of the baby
- Impaired speech and writing
- Spells of anger towards others
- Increased anxiety or panic attacks
- Decreased sex drive
- Recurrent thoughts of death/suicide
- Practitioners and patients often view it as a “normal” phenomenon.

- These symptoms peak between postpartum days 3 and 5.
- Typically resolve spontaneously within 24 to 72 hours.
- The primary treatment is supportive care and reassurance about the transient nature of the condition.

### **Edinburgh Postnatal Depression Scale**

- is a 10-item, self-rated questionnaire used extensively for detection of postpartum depression.
- Maximum score: 30
- Possible Depression: 10 or greater (requires more thorough evaluation)

### **Difficulties in Arriving to A Conclusion**

The main basis to draw such a conclusion is only by history as the condition of Postpartum depression although is an illness cannot be demonstrated in our practice.

### **Brooke shield's interview extract**

- An experience that included depression,
- thoughts of suicide,
- An inability to respond to her baby's needs and delayed maternal bonding.
- The illness may have been triggered by a traumatic childbirth, the death of her father three weeks earlier, stress from in vitro fertilization, a miscarriage and a family history of depression, as well as the hormones and life changes which were brought on by childbirth.
- She reveals that her problems first began when Rowan was born and she was unable to form a bond with her.
- She felt like "a complete stranger to me", said Shields.
- At her lowest point, she had thoughts of jumping from a window and seeing her baby thrown against the wall.

### **Emma Thompson's Experience**

- Had a baby through invitro fertilization after 3 unsuccessful cycles.
- "It's the sort of depression that doesn't necessarily make you want to kill yourself - you just don't want to be, you want to switch it off and stop. I blamed myself, and no-one could persuade me that it wasn't my fault"

### **An interview with a patient- Laura Cincotta**

- "After two months of suffering from severe anxiety attacks, feeling very, very sad but not really being able to cry and not being able to talk to anyone, I thought I must be losing my mind. I wanted to end it all. I thought my husband, new baby and four kids would be better off without me. I didn't really want to die. I didn't want to live either if I was going to be like this, I was crying out for help and no one could tell me what I had or how to treat it. I asked to be put in the hospital. I can absolutely understand how women can tragically lose their lives to this horrible but treatable illness. I feel fortunate that I found help."

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- Those words sum up very well what a woman with postpartum depression can experience.

### Conclusion

- Postpartum depression is a common, frequently unrecognized, yet devastating disorder.
- Rare entity leading to maternal deaths
- Feedback to be given to the obstetricians.

### References

1. Thurtle V. Post-natal depression: the relevance of sociological approaches. *J Adv Nurs* 1995; 22:416-424.
2. Paulson JF. <http://www.psychiatrictimes.com/display-old/article/10168/1519072> [Focusing on depression in expectant and new fathers: prenatal and postpartum depression not limited to mothers.] *Psychiatry Times* 2010; 27(2). Assessed on- 20.08.2010
3. Kleiner GJ, Geston WM. *Suicide in Pregnancy*. London, England: PSG; 1984;pp-23 – 40.
4. Yonkers KA, Chantilis SJ. Recognition of depression in obstetric/gynecology practices. *Am J Obstet Gynecol* 1995; 173(2):632-638.
5. Beck CT. Postpartum depression: it isn't just the blues. *Am Nurs* 2006;106 (5):40-50.
6. Doucet S, Dennis CL, Letourneau N, Blackmore ER. Differentiation and clinical implications of postpartum depression and postpartum psychosis. *J Obstet Gynecol Neonatal Nurs* 2009; 38(3):269-79.
7. Sharma V. Treatment of postpartum psychosis: challenges and opportunities. *Curr Drug Saf* 2008; 3(1):76-81.
8. Gabbe, Steven, Jennifer R. Niebyl, Joe Leigh Simpson. <http://www.minddisorders.com/Ob-Ps/Postpartum-depression.html>. *Obstetrics:Normal & Problem Pregnancies*. Encyclopedia of Mental Disorders. 4th ed. Philadelphia: W. B. Saunders Company, 2002. Assessed on-20.08.2010.
9. Melissa A. Schiff, MD, MPH, David C. Grossman, MD, MPH. Adverse Perinatal Outcomes and Risk for Postpartum Suicide Attempt in Washington State, 1987–2001. *Pediatrics* 2006;118: 669-675.
10. Sarah J. Breese McCoy et al. (April 2006). “Risk Factors for Postpartum Depression: A Retrospective Investigation at 4-Weeks Postnatal and a Review of the Literature”. *JAOA*. <http://www.jaoa.org/cgi/content/full/106/4/193>. Retrieved 2008-07-04.
11. The Boston Women's Health Book Collective: *Our Bodies Ourselves*, pages, New York: Touchstone Book, 2005;pp-489-91.
12. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry* 1987;150 : 782-786.