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Rianna McNamee
Rowan University

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Unplanned Pregnancy as an Independent Risk Factor for Antepartum SI in a Post Roe vs. Wade World

Rianna McNamee BS MBA¹
Rowan-Virtua School of Osteopathic Medicine¹



Background

On June 24th, 2022 the Supreme Court of the United States of America ruled that the constitution of the United States does not confer a right to abortion to its citizens through the case *Dobbs vs. Jackson Women's Health Organization*¹. This overturned precedence established by the 1974 case *Roe vs. Wade* which permitted the right to abortion on a federal level². With the overturning of this federal policy, abortion access in America is now delegated to state governments³. As of October 2023, twenty-one states have developed full or partial bans on abortion, resulting in millions of Americans residing in areas where terminating unplanned pregnancy is not a viable option.

Suicidal behavior is one of the leading causes of mortality and injury worldwide⁴. There is evidence that indicates antepartum suicidal ideation (SI) is higher than that of the general population, however the rate of completion of antepartum suicide is lower than that of the general population⁴. For both maternal and fetal health outcomes, detection and appropriate management of SI must be initiated early⁵. Risk factors for antepartum SI are important to identify for early intervention, and it is now more vital than ever to understand how the U.S.'s reproductive health landscape may contribute to these risk factors.

Objective

The objective of this literature review is to determine whether unplanned pregnancy is an independent risk factor for developing antepartum SI.

Methods

This literature review utilized the databases PubMed, and PsycINFO as queries for primary data (Table 1). Inclusion criteria included written in the English language, peer-reviewed, methodology of cross-sectional or longitudinal study design, and published between 2003 and 2023. Studies were excluded based on relevance, with articles focused on postpartum SI/depression, suicidal action/self harm, and antepartum SI associated with specific medical conditions/medications excluded. Post inclusion and exclusion criteria, PubMed (n=2), PsycInfo (n=4). No additional analyses were done in this literature review.

Table 1. Search Strategy Prior to Selection Criteria

Database Searched	Date of Search	Keyword String	Number Results
PubMed	9/15/23	Suicidal ideation and unplanned pregnancy	16
	9/15/23	Risk factors suicidal ideation in pregnancy	188
	9/15/23	Suicidal ideation and abortion	76
PsycINFO	10/22/23	Suicidal ideation and unplanned pregnancy	10
	10/22/23	Risk factors suicidal ideation in pregnancy	110
	10/22/23	Suicidal ideation and abortion	35

Table 2. Studies Reporting Independent Risk Factors for SI in Pregnancy

Author	Year, Setting	Sample Size	Study Design	Measure	Incidence SI	Results
Biggs ⁶	2018, U.S.	887 pregnant women	Longitudinal study	BSI PHQ-9	1.3% women turned away from receiving abortion; 1.9% women receiving abortion close to cutoff date	Patients who had abortion did not have significantly different SI than those denied abortion. Risk Factors: Latinx; Partner violence; History depression or anxiety; Alcohol abuse.
Chen ⁷	2023, Japan	1,639 pregnant women	Cross-sectional study	EPDS	15.2% pregnant women	Risk Factors: Younger than 29 years; Single; First pregnancy; Low income; History depression; History other psychiatric diagnosis; History infectious disease during pregnancy; Loneliness post-COVID19; Adverse childhood experience; Low family support; Partner violence; Second trimester.
Gavin ⁸	2011, U.S.	2,159 pregnant women	Cross-sectional study	PHQ	2.7%	Risk Factors: Comorbid major depression; Comorbid panic disorder; <12 years education; Living without a partner; High levels of stress; Current smoker; At risk for drug use; Chronic health conditions; Domestic violence
Legazpi ⁹	2021, Spain	1,524 pregnant women	Cross-sectional study	PHQ-9	2.6% pregnant women	Risk Factors: History depression; Unemployment; Marital problems; Previous abortion.
Newport ¹⁰	2007, U.S.	382 pregnant women with history psychiatric illnesses	Cross-sectional study	BDI HRSD	16.7-27.8% pregnant women	Risk Factors: Unplanned pregnancy; Current depression; Comorbid anxiety disorder.
Tabb ¹¹	2023, U.S.	536,647 commercially insured pregnant women	Cross-sectional study	ICD-10	6.8% pregnant women depression or SI	SI diagnosis increased 193% from 2008 to 2018 in pregnant women. Risk Factors: Black birthing people

Results

A total of 6 studies were included in this literature review with incidence rates of antepartum SI ranging from 1.3% to 27.8%. Independent risk factors for antepartum SI that were identified across multiple studies were: history of depression or other psychiatric disorders; partner violence or marital problems; and belonging to a racial or ethnic minority. Only 2 research papers that met inclusion criteria specifically studied unplanned pregnancy and/or pregnancy in which abortion was sought. Biggs et.al. found that antepartum SI was similar between patients that received wanted abortions and patients that were turned away from abortion. Newport et.al. was the only study that found unplanned pregnancy as an independent risk factor for abortion.

Discussion

SI development during pregnancy is a multifactorial phenomenon, and while unplanned pregnancy was not found to be an independent risk factor in this study, it has the potential to contribute to likelihood of developing antepartum SI in patients with already established independent risk factors. Intimate partner violence and marital problems were found in four of the six analyzed studies as independent risk factors for antepartum SI and have also been established as risk factors in systemic review³. It is possible that unplanned pregnancies in these relationships contribute to SI risk in these patients, however unplanned pregnancy was not analyzed as a risk factor in those studies.

The major limitation of this study was the lack of literature regarding the risk of developing SI during pregnancy and relating that risk to unplanned pregnancy. Six articles globally from the past twenty years met our inclusion criteria, and of those, only two analyzed unplanned pregnancy a potential risk factor for SI in pregnancy. Only three of the studies analyzed were from the U.S., and none were conducted after the *Dobbs vs. Jackson Women's Health* decision, limiting the reflectiveness of this review to the current reproductive health landscape.

Future Directions

In this literature review, unplanned pregnancy failed to be established as an independent risk factor for antepartum SI. Significant limitations in quality and relevance of available evidence contributed to this result. As the *Dobbs vs. Jackson Women's Health* decision affects more pregnant Americans, more answers regarding maternal mental health trends should be available for study. It is important that we continue to monitor our pregnant patients for signs and symptoms of SI and to continue to examine potential risk factors especially now that abortion access is being restricted to millions of Americans.