

ARE LIFETIME SELF-REPORTED HEALTH (SRH), SLEEP DIFFICULTIES, AND NEGATIVE AFFECT CORRELATES OF SUICIDAL IDEATION IN PREGNANCY AND POSTPARTUM?

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Background: Suicidality has a multifactorial determination and is clinically under-diagnosed. Self-reported poor health, negative affect and sleep difficulties are associated with psychological distress, including suicidality.

Aim: To analyze the association between lifetime SRH, sleep difficulties, negative affect (NA) and suicidal ideation in pregnancy (T0) and post-partum (T1) and if they are predictors of suicidal ideation.

Methods: 397 pregnant women completed the Portuguese version of POMS, PDSS and a set of items evaluating SRH, and sleep difficulties in the last trimester of pregnancy and three months of post-partum.

Findings: In pregnancy, suicidal ideation was significantly associated with lifetime SRH ($p < .05$), NA ($p < .01$) and difficulties of initiating sleep (DIS) ($p < .01$). In post-partum, suicidal ideation was also associated with DIS ($p < .01$), NA ($p < .01$), but not with SRH. In pregnancy, the predictors of the probability of having or not suicidal ideation are both SRH and DIS. In postpartum the suicidal ideation predictor was only DIS. However when NA was introduced in the regression model, NA was the only predictor of suicide ideation in both pregnancy and postpartum.

Conclusion: Difficulties of initiating sleep should be considered an indicator of suicidal ideation during the perinatal period. However NA might explain this association.