National Network of Depression Centers
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COVID-19 Research

Redesigning Suicide Research with Postpartum Women During the COVID-19 Pandemic

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Background

Suicide in Postpartum Period

- Suicide is the second leading cause of death in postpartum women, accounting for about 20% of postpartum deaths
- Research is needed to better understand mechanisms underlying suicide risk during the postpartum period and into the first year of a child's life
- Feasibility is inherently challenging for research on sensitive subjects of suicidal ideation, past suicide attempts, and self-harming behaviors
- COVID-19 has magnified challenges of participant recruitment and safe data collection

Objective:

- Determine necessary changes to recruitment and data collection, following the onset of COVID-19, for a mixed methods study to examine HPA axis dysregulation as a potentially heritable phenotype of suicide that may significantly increase risk.

Planned Follow-up Study Methods

Completed Data Collection

- Conducted pre-pandemic
- 3 time points (3rd trimester through 12 months postpartum)
- Collected measures of maternal salivary cortisol and depression (PHQ-9 and Major Depression Disorder Scale of the PDSQ)

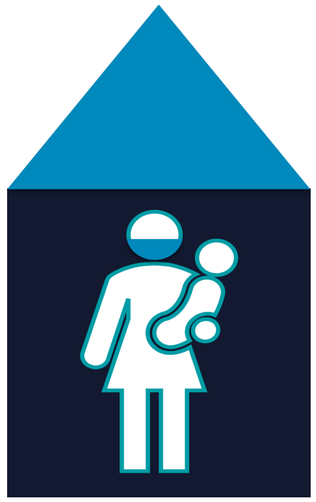
Follow-up Recruitment

- Recruited women who reported suicidal ideation at any timepoint in initial study
- Eligible sample: 30 out of 190 enrolled women

Original Protocol

- Conduct interview with a research team member in the woman's home
- Measures
  - Interview built around the Columbia Suicide Severity Rating Scale
    - Qualitative probes to elicit nuanced feelings and thoughts regarding suicidal ideation, plans and attempts
  - Researcher also collected:
    - Additional depression measures
    - Hair specimen for cortisol analysis

COVID Interruption Timeline



- **September '19** — Suicide follow-up study funded by NIMH
- **November '19** — Initiated recruitment and data collection
- **March '20** — University of California, San Francisco (UCSF) shuts down all non-essential research. No in-person contact permitted due to shelter-in-place orders.
- **May '20** — UCSF indicates research can restart under strict guidelines:
  - Daily health screening (participants and researchers)
  - Use of personal protective equipment
  - Social distancing
  - Sanitization of research equipment

  UCSF encourages avoiding in-person contact when possible.

Protocol Adaptations: Considered and Made

Recruitment

- Repeat contacts by phone and text
- Offer increased cash incentives for participation
- Use multiple contact methods to schedule & reschedule interviews
- Increase flexibility for interview times
- Expand use of Spanish speaking research team members

Biospecimen Collection

- Teach mothers to self-collect hair specimen
  - Demonstrate over Zoom
  - Provide visual and written instructions electronically
- Provide mailing materials for participant to return hair specimens, with biohazard considerations
- *Pick up biospecimens from participant's home*

Sensitive & Confidential Interviews

- Conduct interviews by Zoom
- Increase flexibility for interview times to maximize privacy (e.g. time when others are away from home, finding a private area)
- *Conduct 1:1 interviews in park or other outdoor space*

Suicide Safety

- Train clinician-interviewer (board-certified Psych Mental Health Nurse Practitioner) in tele-assessment of suicide risk
- Acquire address where participant is completing interview in case Mental Healthcare Crisis Team required
- Identify names and contact information for others in the home or nearby if needed for suicide risk
- *Work with local police department so that they could immediately intervene if needed*

Childcare

- Increase flexibility of interview times so that other adult in home to cover childcare (if available)

Table Key:
Boxes in grey were considered by team but not adopted.

Protocol Adaptations: Strengths, Weaknesses and Warnings

Zoom Interviews

- (+) More flexible in interviewer availability
  - Not necessary to consider travel time or interviewer safety for evening interviews
  - Some women share more easily with video vs in-person
- (−) Harder to establish rapport
  - Difficult to demonstrate active listening to reengage woman if the woman looks away
  - Cannot use physical proximity in therapeutic ways
  - Privacy during interview: others/children in home
- (!) Need to ensure interview is HIPAA-compliant
  - UCSF uses HIPAA compliant Zoom

Children in Home

- (+) Children less of a distraction to mother and interviewer than when interview is in person
  - Decreased interruptions during interview
- (−) Unable to provide grant-supported childcare for participants during interview due to social distancing
- (!) Increased stress of pandemic appears clinically significant for mothers
  - Participants discussed COVID related stressors
  - More likely to ask for the mental health resource list than before pandemic

Hair Samples

- (+) Able to continue collecting hair specimens at approximate time of interview (representing past 3 months of cortisol)
- (−) Concerned about validity of time period reflected in sample
  - Unable to verify how close to scalp the hair was cut
- (!) Think about where (and how) to have participants send the samples after collection
  - This was especially challenging early in COVID when team could not access campus at all and labs were not yet open

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