

PREGNANCY AND PHYSICAL ABUSE

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According to the Centers for Disease Control and Prevention, over half of women who experience intimate partner violence, defined as contact sexual violence, physical violence or stalking by an intimate partner, report feelings of fear, concern for their safety and symptoms of post-traumatic stress disorder that may last long after the abuse (1). Multi-state PRAMS data from 2000-2003 shows that women who experience intimate partner violence in the year prior to pregnancy are at increased risk for pregnancy complications such as high blood pressure or edema, vaginal bleeding, severe nausea, vomiting or dehydration, kidney or urinary tract infection and are more likely to have hospital visits due to these ailments (2). When a woman experiences physical abuse in the year before pregnancy, her newborn is more likely to require an intensive care unit stay (2). Infants of mothers who experience abuse in the year before or during pregnancy are more likely to be preterm and/or low birth weight (2-6), putting these infants at increased risk for long term health problems such as chronic disease and cognitive difficulties (7-8).

3.9%

OF MICHIGAN MOMS REPORT BEING PHYSICALLY ABUSED BY THEIR PARTNER IN THE YEAR BEFORE OR DURING PREGNANCY

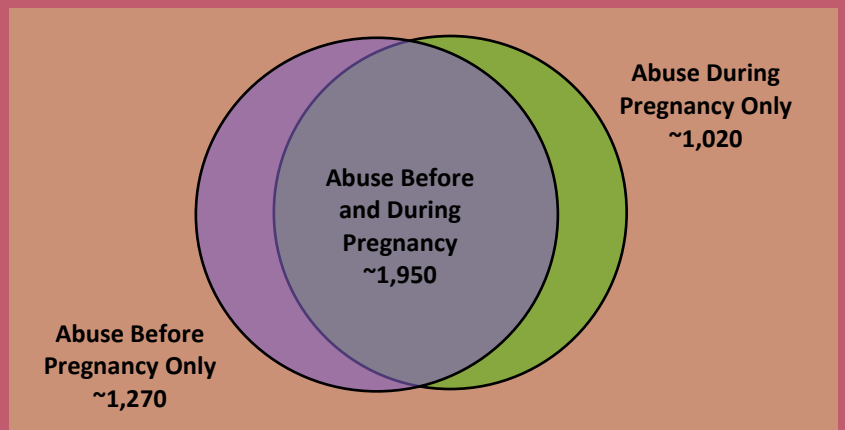
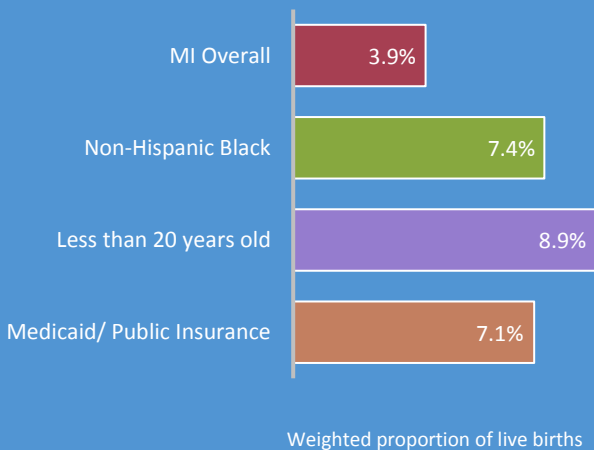
DIGGING DEEPER: THE DISPARITIES

ABUSE HAPPENS IN ALL GROUPS

- Regardless of race, insurance status, age or education, some Michigan moms experience physical abuse during pregnancy (Figure 1 shows the groups that reported the highest rates of abuse before and during pregnancy).
- When compared to Michigan moms overall, about twice as many non-Hispanic Black mothers, mothers under 20 years of age and mothers on public insurance experience abuse before or during pregnancy.

FIGURE 2: NUMBER OF MICHIGAN MOMS EXPERIENCING ABUSE BEFORE AND/OR DURING PREGNANCY PER YEAR*

FIGURE 1: PERCENTAGE OF MICHIGAN MOMS EXPERIENCING ABUSE IN THE YEAR BEFORE OR DURING PREGNANCY*



*MI PRAMS, 2012-2015

- Slightly less than half of Michigan moms who reported abuse were abused both before and during pregnancy (Figure 2).
- Abuse began during pregnancy for slightly less than one-quarter of Michigan moms who reported abuse (Figure 2).

* MI PRAMS, 2012-2015

DISCUSSIONS WITH HEALTHCARE WORKERS ARE NOT UNIVERSAL

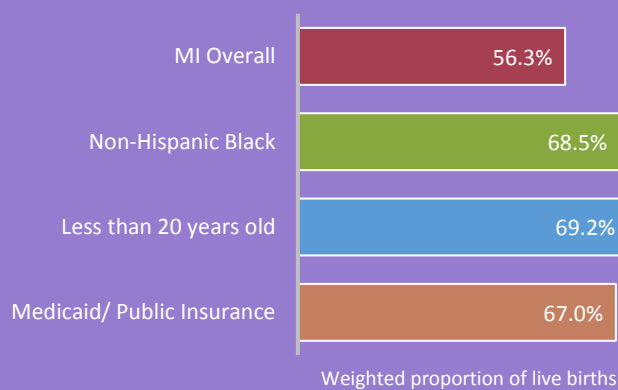
- Just over half (55.5%) of Michigan moms report having a conversation about abuse with a prenatal healthcare provider (Figure 3).
- Only a little more than half (54.0%) Michigan moms who reported abuse had prenatal discussion about abuse with a healthcare worker. This is no better than Michigan moms who did not report abuse (55.5%).
- Although targeting abuse discussions to at risk groups may help increase coverage, a little less than one-third of abused moms in high risk groups did not report having an abuse conversation during prenatal care (Figure 3).
- There are services available to help women reduce violence in their homes – 94 percent of abused mothers report they did not receive these services.



TAKE ACTION

To ensure complete coverage, prenatal care providers should discuss domestic abuse with every expectant mother. This discussion should include how to access resources for reducing violence in the home.

FIGURE 3: PERCENTAGE OF MICHIGAN MOMS THAT HAD PRENATAL DISCUSSIONS ABOUT ABUSE WITH HEALTHCARE WORKER*



* MI PRAMS, 2012-2015

SELECTED INTIMATE PARTNER VIOLENCE RESOURCES FOR PRENATAL CARE PROVIDERS

Healthier Pregnancy Provider Training, USDHHS Agency for Healthcare Research and Quality

<https://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/preventive/partnerviolence.html>

Reproductive and Sexual Health: Free Materials and Educational Videos, Futures Without Violence

<https://www.futureswithoutviolence.org/reproductive-sexual-health/>

Michigan Domestic and Sexual Violence: Resources and Service Finder, MDHHS Safety and Injury

Prevention http://www.michigan.gov/mdhhs/0,5885,7-339-71548_7261---,00.html

REFERENCES

1. Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. Silverman, J. G., Decker, M. R., Reed, E., & Raj, A. (2006). Intimate partner violence victimization prior to and during pregnancy among women residing in 26 U.S. states: Associations with maternal and neonatal health. *American Journal of Obstetrics and Gynecology*, 195(1), 140-148. doi:10.1016/j.ajog.2005.12.052
3. Hill, A., Pallitto, C., McCleary-Sills, J., & Garcia-Moreno, C. (2016). A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes. *International Journal of Gynecology and Obstetrics*, 133(3), 269-276. doi:10.1016/j.ijgo.2015.10.023
4. Pavey, A. R., Gorman, G. H., Kuehn, D., Stokes, T. A., & Hisle-Gorman, E. (2014). Intimate partner violence increases adverse outcomes at birth and in early infancy. *The Journal of Pediatrics*, 165(5), 1034-1039. doi:10.1016/j.jpeds.2014.06.060
5. Prakesh S. Shah and Jyotsna Shah. *Journal of Women's Health*. November 2010, 19(11): 2017-2031.
6. Rodrigues T, Rocha L, Barros H. Physical abuse during pregnancy and preterm delivery. *Am J Obstet Gynecol* 2008;198:171.e1-171.e6.
7. United Nations Children's Fund and World Health Organization, *Low Birthweight: Country, regional and global estimates*. UNICEF, New York, 2004.
8. World Health Organization (2016). *Preterm birth*. WHO Fact Sheet.