

# IPV & PREGNANCY

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# UNDERSTANDING IPV

- Intimate Partner Violence affects individuals and families from *all* backgrounds regardless of their ethnicity, socio-economic status, sexual orientation, or religion.
- A World Health Organization multi-country study on women's health and domestic violence against women found prevalence of IPV to range between 1% in Japan to 28% in Peru (majority ranging from 4-12%)
- Analysis of Demographic and Health Surveys and the International Violence against Women survey found prevalence rates between 2%- 13.5% with majority ranging from 4%-9%. (1)
- IPV prevalence varies by populations surveyed and methods employed

# UNDERSTANDING IPV IN PREGNANCY

- IPV prevalence during pregnancy varies by populations surveyed and methods employed
- An in-depth qualitative study examining abuse patterns during pregnancy suggested that for approximately one-third of battered women, pregnancy was a protective period.
- For another group (approximately 15%) of those abused during pregnancy, abuse started or worsened during pregnancy.
- For the largest proportion of women, abuse patterns stayed consistent.
- One more recent study conducted in 2016 found that pregnancy does not appear to confer protection against victimization and in fact may add stress and exacerbate vulnerable circumstances in abusive relationships.



# UNDERSTANDING IPV IN PREGNANCY

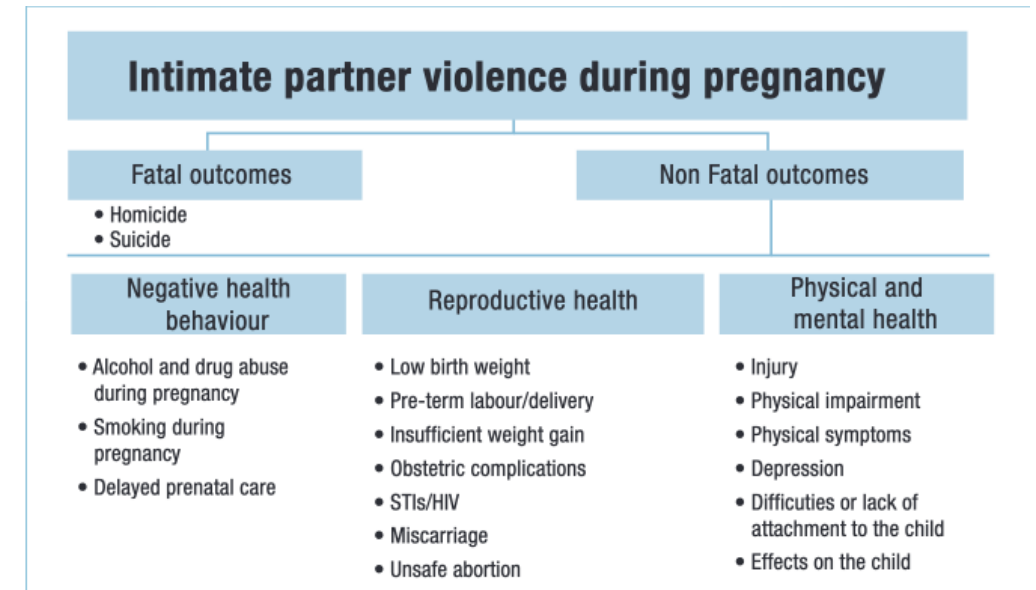
- A recent 2021 Worldwide study on prevalence of IPV in pregnancy found that on average, one-quarter of mothers are exposed to combined IPV globally
- IPV rates varied within and between continents, being the highest in Africa and the lowest in Europe

RISKS &  
ASSOCIATED  
FACTORS:  
IPV IN PREGNANCY

Age	Education	Employment
Violence in the family of origin	Marital Status	Sexual Proprietariness
Patriarchal Dominance	Social Isolation	Verbal Abuse
Rural/Urban Residence	Heavy Alcohol Use by Partner	Multiparity
Hx of Abortion	Negative feelings surrounding pregnancy	Relationship problems
Paternal smoking during pregnancy	Difficult financial status	

# SEQUELAE & CONSEQUENCES: IPV IN PREGNANCY

- More likely to experience all forms of IPV, particularly more severe forms
- Higher odds of post violence severity and adverse health outcomes
- Poor Maternal Physical & Mental Health Outcomes
- Low Birth Weight & Preterm Birth
- Perinatal Death
- Post-Partum Depression
- Maternal Death
- Maternal Suicide



A black silhouette of a pregnant woman stands in profile, facing right, against a bright window with white curtains. Her hand rests on her hip, and her belly is prominent. The window has a grid pattern, and the curtains are slightly gathered at the top.

## BEHAVIORAL CONSEQUENCES: IPV IN PREGNANCY

- Women abused during pregnancy are
- Twice as likely to miss prenatal care appointments or initiate prenatal care later than recommended.
- Twice as likely to not initiate care until the 3rd trimester of pregnancy
- At 20% decreased odds of using skilled delivery care compared to those who did not experience IPV
- Significantly more likely to miss three or more prenatal visits than their non abused counterparts (45 vs 28%).

# BEHAVIORAL CONSEQUENCES: IPV IN PREGNANCY

- Poor nutrition
- Inadequate weight gain
- Higher rates of:
  - Smoking
  - Alcohol abuse
  - Substance abuse
- Negative sexual health consequences
  - Sexual risk taking
  - Inconsistent condom use
  - STI/UTIs



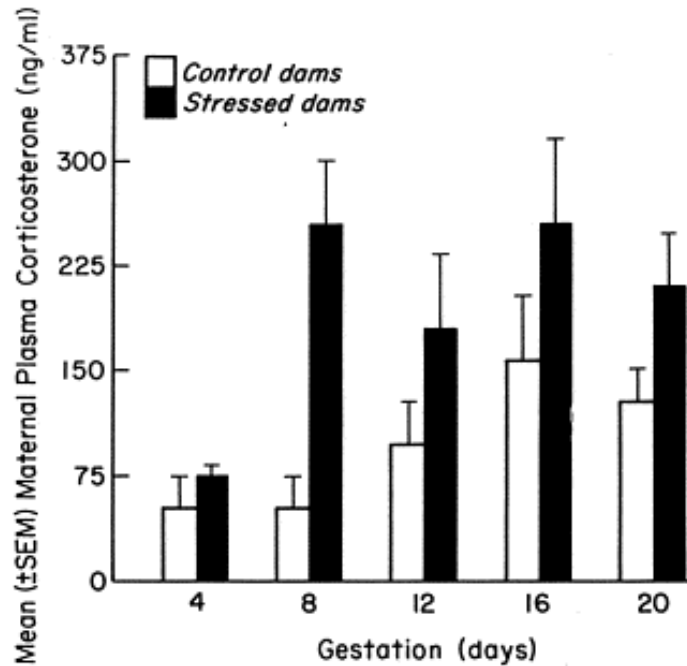




## MENTAL HEALTH CONSEQUENCES: IPV IN PREGNANCY

- Women experiencing abuse in pregnancy are 2.5 times more likely to report depressive symptomatology than their non abused counterparts.
- Depressive symptomatology reported by 40% of abused women during pregnancy
- PTSD reported by 19%-84%
- Pregnancy associated suicides involved intimate partner conflict attributable to respective suicides 54.3% of the time
- Homicide to be discussed later in presentation

# MENTAL HEALTH CONSEQUENCES: IPV IN PREGNANCY



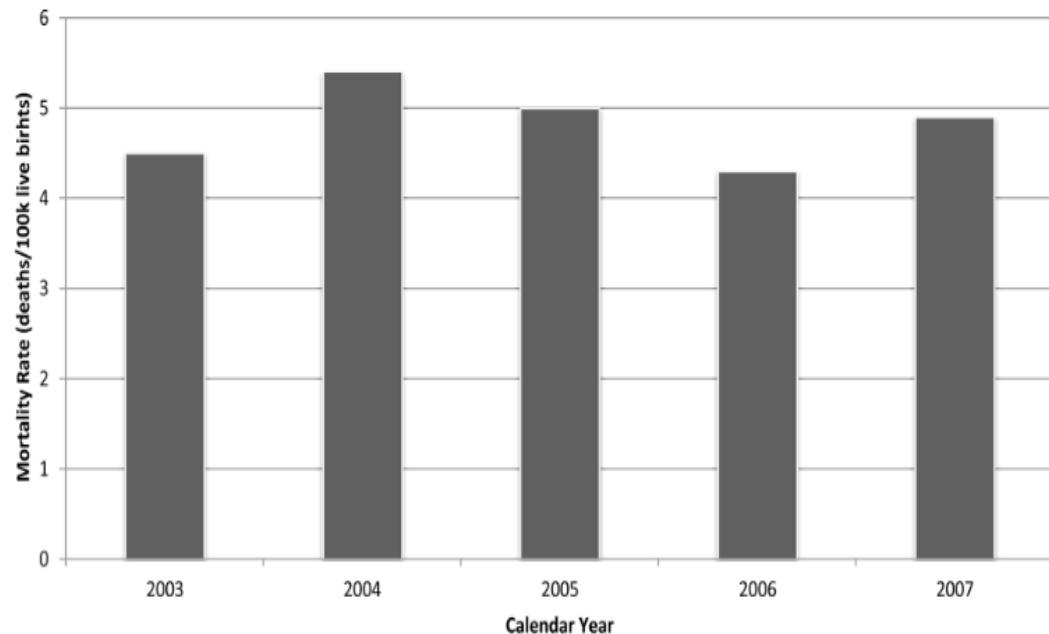
- Stress of abuse during pregnancy has even been found to alter a woman's hypothalamic-pituitary-adrenal axis
- Exposure to stress in the perinatal period causes heightened sensitivity to induced HPA axis hormone secretion in both mother and offspring
- Higher levels of HPA hormones including corticotrophin releasing hormone (CRH) could initiate labor & restrict uteroplacental perfusion
- Levels of CRH found to be significantly elevated by mid gestation in women who subsequently delivered prematurely.

# NEONATAL OUTCOMES: IPV IN PREGNANCY

- Research has demonstrated that IPV in pregnancy is associated with the following neonatal & maternal obstetric outcomes:
  - Low Birth Weight (OR 3-5 x)
  - Small for Gestational Age (OR 4.0)
  - Pre Term Birth (OR 5.0)
  - Perinatal Death (OR 2-8)
  - Abruption (OR 1.8)
  - Hemorrhage (OR 1.8)
- Research has also demonstrated the more frequent the abuse (greater than 10 times during the duration of the pregnancy), as predictive of having a LBW infant (OR 2.9).



# MATERNAL DEATH: TIES TO IPV IN PREGNANCY



- Deaths due to obstetrically related events cardiac disease, infection and hemorrhage have improved over the years while maternal mortality due to injury has unfortunately remained constant
- Homicide and suicides in pregnancy, according to research by Palladino and Colleagues (2011), were higher than the rates of death from common obstetric causes
- Women reporting abuse during pregnancy are at a three-fold risk of becoming victims of completed or attempted femicide
- Yet, homicides and suicides do not count towards the maternal mortality calculation in the US.

# MATERNAL HOMICIDE: TIES TO IPV IN PREGNANCY

- The World Health Organization has the following definitions for the subclassifications of maternal death:
  - **Maternal Death:** The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes
  - **Late Maternal Death:** The death of a woman from direct or indirect obstetric causes more than 42 days, but less than one year, after termination of pregnancy
  - **Pregnancy related death:** Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death. These deaths may be from accidental or incidental causes.
  - **Direct obstetric death:** A direct obstetric death results from obstetric complications of pregnancy, labor, delivery, or the postpartum period, and from interventions, omissions, incorrect treatment, or a chain of events related to the obstetric complication. Direct obstetric deaths are more common than indirect obstetric deaths (86 and 12 percent, respectively)
  - **Indirect obstetric death** – An indirect obstetric death results from preexisting disease (eg, diabetes, cardiac disease, malaria, tuberculosis, HIV) or a new disease that develops during pregnancy and is unrelated to pregnancy-related conditions but is aggravated by the physiologic effects of pregnancy (eg, influenza). The term indirect obstetric death is used interchangeably with the terms nonmaternal, non-obstetric, and indirect maternal death.

# MATERNAL HOMICIDE: TIES TO IPV IN PREGNANCY

- When the perpetrator is known, the largest proportion of homicide cases during or around pregnancy occurs at the hands of an intimate partner (an estimated two-thirds).
- Women abused during pregnancy by their intimate partner were at a three-fold risk of being murdered by that same partner, with 5% being murdered during the pregnancy
- One study found that approximately 22%- 25.8% of women killed or almost killed were physically abused during pregnancy
- About 45.3% of deaths from homicide were somehow tied to an intimate partner.



# HOMICIDE RISK FACTORS: IPV IN PREGNANCY

- Age
  - Attempted/completed femicides during pregnancy were on average 5 years younger than counterparts.
- Education
  - Number of attempted / completed femicides never abused during pregnancy with at least a high school education (70%) was found by researchers to be significantly higher than the attempted/completed femicides abused during pregnancy (55%).
- Employment
  - More than half of the attempted/completed femicides were employed, compared with the 68% of those who had never been pregnant.





## MATERNAL SUICIDE: TIES TO IPV IN PREGNANCY

- Longitudinal studies have found a strong link between IPV and suicide
- According to a study by Palladino, about 54.3% of pregnancy associated suicides have been associated with intimate partner violence
- Recent reviews suggest that suicides may account for up to 20% of post partum deaths
- Suicidal ideation during pregnancy and post partum ranged from 5%-14%



# SUICIDE RISK FACTORS: IPV IN PREGNANCY

- Underlying depression was one of the most significant comorbid factors during the perinatal period that increased suicidal tendencies
- A 2019 expert review by Mangla et al recognized the following as the three of the most common risk factors for pregnancy associated suicide:
  - Depression
  - IPV (Nine times greater odds)
  - Substance use disorder
- Rural and Urban dwelling location
- Interpersonal relationship conflicts
- Chronic mental health challenges
- Women who consider, attempt, or carry out suicide often have recent interactions with health care providers before their death.

# ETHNIC AND RACIAL DISPARITIES: IPV IN PREGNANCY

- Black women experience pregnancy associated Intimate Partner Homicide rates more than three fold higher than that observed among white and Hispanic women.
- Black women experience pregnancy associated IPH victimization at a rate 8.1 times greater than their non-pregnant peers.
- Lifetime and 12 month prevalence rates of IPV are consistently higher for American Indian and Alaska Native Women compared to white women (47.5% vs 37.3%).
- Disparate numbers of missing and murdered indigenous women suggest that homicide may be responsible for more pregnancy associated AI/AN deaths than has been recognized previously.
- Pregnancy associated suicide was less likely to occur in non-Hispanic black and Hispanic women compared with non-Hispanic whites

# ETHNIC AND RACIAL DISPARITIES: IPV IN PREGNANCY

- A study conducted in a low income, urban, predominantly African American sample found IPV to be associated with *five times increased odds* for neonatal outcomes after adjusting for education, income, marital status, and substance use.
- African American pregnant trauma patients have higher mortality rates and worse outcomes than their white counterparts



# DISCUSSION: IPV IN PREGNANCY

- When maternal mortality is discussed in the US, IPV associated pregnancy death is not part of that discussion but research repeatedly suggests it should be.
- Research has repeatedly demonstrated that IPV around the time or during the duration of pregnancy is associated with severe adverse maternal and neonatal outcomes.
- In some parts of the United States and parts all over the globe, maternal deaths from homicide and suicide, often at the hands of an abuser, occur at higher rates than obstetric causes.
- Although numbers often vary based on location and state documentation of maternal deaths, changes made in 2003 have and will continue to change the way maternal death is collected and reported.

# FUTURE DIRECTIONS

Pregnancy associated deaths due to IPV are preventable causes of death

At the individual level, patients should know there are resources and people available to help.

As clinicians, physicians should be aware of the signs of IPV and implement proper screening throughout all three trimesters

At the systems level, we need to work on addressing what is considered maternal mortality as well as the huge racial and ethnic gaps that still exist and start providing integrated care.



## HOW TO GET HELP: IPV

- *Florida Domestic Violence  
Hotline: 1-800-500-1119*
- <https://www.thehotline.org>
- [https://www.womenslaw.org/  
find-help/fl](https://www.womenslaw.org/find-help/fl)

# RESOURCES:

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