Intimate Partner Violence during Pregnancy among Urban African American Women

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Introduction

Background: Intimate partner violence (IVP) is a "serious criminal, social, and medical problem that has profound effects on a person's health, well-being, and development." [1, p176] Moreover, evidence indicates that women are particularly vulnerable to IPV during pregnancy.

Significance: While it is important to screen for domestic violence in all women, it may be most important during pregnancy. IPV can lead to complications to both the mother's health and possibly the outcome of the pregnancy.[2]

Objective: The goal of this study is describe preliminary pregnancy outcomes for African American women who have experienced IPV.

Methods

Study Population

- Women seeking care at primary care, prenatal, or family planning clinics in Baltimore,
- African descent, ages 18-55
- **Cases defined as women with a history of IVP within the past two years and pregnant at the time of survey completion**
- Controls defined as women without a history of IPV

Medical Record Review

- Labor and delivery outcomes collected from electronic patient records

Survey Completion

- Survey data collected through audio computer-assisted self-interview techniques.
- Eligible women complete 30-minute questionnaire on:
  - Current and abusive partner characteristics
  - Physical and mental health outcomes
  - Health care utilization patterns
  - Abuse history
  - Sexual risk behaviors
- Participants receive $20 gift card and resource list of local services for abused women.
- Data were analyzed using Stata version 11.0.

Sample Characteristics

Table 1. Demographic Characteristics

	Cases (n=22)	Controls (n=21)	Statistics
Maternal Education, n (%)			
Completed 9-11 grade	9 (40.9)	6 (30)	Chi^2 = 1.24
HS graduate or equiv.	8 (36.4)	7 (35)	
Trade School or College Graduate	4 (18.2)	6 (30)	
Maternal Age, years			
Mean (SD)	22.9 (4.2)	24 (5.4)	T = -.75
Range	18-33	18-38	
Marital Status, n (%)			
Single	15 (68.2)	8 (38.1)	4.5
Partnered	6 (27.3)	9 (42.9)	
Married	1 (4.5)	4 (19)	
Income, n (%)			
Less than $400	10 (45.4)	5 (27.8)	Chi^2 = 1.65
$400-1,200	8 (36.4)	10 (55.5)	
$1,201-2,000	4 (18.2)	3 (16.7)	

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Smoking & Drug Use

Table 2. Selected Health Hx

	Case n=22	Control n=21	Statistics
History of Smoking	45.5%	14.3%	Chi^2 = 4.9*
History of Drug Use	31.8%	19.1%	Chi^2 = .92
Drug Use During Pregnancy	18.2%	19.1%	Chi^2=.005

* p< .05

Birth Outcomes

Table 3. Birth Outcomes

Outcome	Case N=18†	Control N=21	Statistics
Gestational Age at Delivery, weeks			
Mean (SD)	38.4 (1.9)	38.8 (1.8)	T = -.67
Birth Weight, grams			
Mean (SD)	3043 (513)	3186 (452)	T= -.92
Range	1820-4000	2230-4070	
Small for Gestational Age, n (%)	5 (27.8)	0 (0)	Chi^2=6.69‡
Low Birth Weight, n(%)	1 (5.6)	2 (9.5)	Chi^2 = .21
Preterm Delivery, n(%)	1 (5.6)	2 (9.5)	Chi^2 = .21

† Birth records available for 18 of 21 cases. One pregnancy ended in miscarriage -birth records not available for two cases who delivered at an outside hospital.

‡ p<.05

Results

- The women in this study who experienced IPV were primarily young, single, low income, low educational level, and more likely to have a history of smoking and drug use.
- Analysis showed that those experiencing IPV were significantly more likely to deliver a small for gestational age infant compared to those without a history of IPV.
- No significant differences in mean birth weight, gestational age at delivery, pre-term birth, or low birth weight, BW of the infants of abused women were slightly lower (small sample size limiting power to detect significance).

Discussion

While women have the opportunity of routine interaction with healthcare providers during pregnancy, only 41% of abused pregnant woman report IPV to their healthcare providers. [3] Healthcare providers often underestimate the rate of abuse and studies indicate few ask their patients about IPV regularly. IPV is a common major health concern that can be prevented with early detection. All pregnant women should be assessed for IPV. Therefore, it is essential to implement routine assessment protocols and have training for healthcare providers on associated risk factors. This knowledge would assist healthcare providers in the identification of those at risk, thus result in potential early intervention. These results suggest that smoking (and perhaps drug use) mediated the relationship between IPV and delivery of an SGA baby - a relationship that should be tested in future research.

References

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