THE IMPACT OF DOMESTIC VIOLENCE ON HEALTHY BIRTHS

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THE IMPACT OF DOMESTIC VIOLENCE ON HEALTHY BIRTHS

• Introduction
• Background
• Passion
• Experience

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THE IMPACT OF DOMESTIC VIOLENCE ON BIRTH OUTCOMES

Goals

- Learn the perinatal needs of pregnant women
- The role of prenatal care for better birth outcomes in the domestic violence populations
- Learn the underlying causes of infant mortality
- How to support the pregnant woman of intimate partner violence (IPV).

Objectives

1. List the major causes of infant mortality
2. List the effects of IPV on birth outcomes
3. Understand how to meet the special needs of pregnant women who are experiencing domestic violence.
The American Dream

The majority of pregnant women and pregnant persons are excited that a new person is coming to their family.

And the increase of hormones creates a range of emotional from escalation and hope, to worry and fear.


Emotional Aspects of Pregnancy

WARNING: Due to the influence of pregnancy hormones I could burst in to tears or kill you in the next 5 minutes.
NORMAL EFFECTS OF PREGNANCY

- Fatigue
- Change in appetite
- Nausea and vomiting
- Frequency in urination
- Weigh gain
- Increase in hormones
- Balance can be comprised
- Back ache
- Headaches
- Insomnia
- Tender/Heavier Breast
- Emotional

The Impact of Domestic Violence on Healthy Births

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DEFINING KEY TERMS

Standard Case Definitions

• The use of a standard case definition is one key factor needed to ensure that information is collected in a systematic fashion.

• A high quality case definition improves comparisons among geographic areas, the ability to compare data over time, and critical the monitoring of trends over time.

Standardized Terms

1. Domestic Violence (DV)
2. Intimate Partner Violence (IPV)
3. Perinatal Care
4. Prenatal Care
5. Infant Mortality

(http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html)
Domestic Violence (DV)

- The willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior
- Is part of a systematic pattern of power and control perpetrated by one intimate partner against another.
- It includes physical violence, sexual violence, psychological violence, and emotional abuse.
- The pattern of frequency and severity of domestic violence can vary dramatically;
- The one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other.

Intimate Partner Violence (IPV)

- The term "intimate partner violence" describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.
- Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans.

http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html
THE IMPACT OF DOMESTIC VIOLENCE ON BIRTH OUTCOMES

Who is an intimate partner?

- An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following:
  - Emotional connectedness
  - Regular contact
  - Ongoing physical contact and/or sexual behavior
  - Identity as a couple
  - Familiarity and knowledge about each other’s lives

There are four main types of IPV.

1. Physical violence
2. Sexual violence
3. Stalking
4. Psychological Aggression

http://www.cdc.gov/violenceprevention/intimatepartnersviolence/definitions.html
DEFINING KEY TERMS

**Perinatal Care**
Perinatal means any time five months before the birth to one month after birth.

Pregnancy, childbirth, postpartum, and infant care are a continuum in the family life cycle for which the midwife and family physician is especially qualified to provide primary, comprehensive care.


**Prenatal Care**
Prenatal care is medical care you get during pregnancy. Prenatal care administered by a health care professionals such a midwife or doctor. At each prenatal care visit, your health care provider checks on you and your growing baby.

http://www.marchofdimes.org/prenatal-care.aspx

**Infant Mortality**
The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births.

This rate is often used as an indicator to measure the health and well-being of a nation.

http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

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DOMESTIC VIOLENCE STATISTICS

1 in 4
The number of women who will experience intimate partner violence in their lifetime.

1 in 7
The number of men who will experience intimate partner violence in their lifetime.

2 in 5
The number of gay or bisexual men who will experience intimate partner violence in their lifetimes.

50
The percentage of lesbian women who will experience domestic violence (not necessarily intimate partner violence) in their lifetimes.
Violence occurs commonly in pregnancy - between 4 and 8 percent of women experience domestic violence during their pregnancy. The effects of violence during pregnancy can be devastating to both the mother and the unborn child.

1.5 Million
- Each year approximately 1.5 million women in the U.S. are raped or physically assaulted by an intimate partner. This number includes more than 324,000 women who were pregnant when the violence occurred.

77 Percent
- 77% of pregnant homicide victims are killed during the first trimester of pregnancy.

18 Percent
- Only 18% of pregnant women examined at an urgent care triage unit reported having been asked by their physician about intimate partner violence.
SUPPORTING THE PREGNANT WOMAN OF INTIMATE PARTNER VIOLENCE
DOMESTIC VIOLENCE AND BLACK WOMEN

Black Women and Domestic Violence
Remember the real victims!

- “Nearly 15 times as many black females were murdered by a male they knew (414 victims) than were killed by male strangers (28 victims) in single victim/single offender incidents in 2010.”
- Sixty-four percent (267 out of 414) were murdered by their partner/spouse and 93% percent were killed by Black men.
  Black Women Murdered by Men Most Often Die by Gunfire, Usually by Someone They Know, Huffington Post
- “Black women are killed at a rate nearly three times higher than that of white women.” - You Can’t Fix an Abuser, The Root
- “Black women experience intimate partner violence at a rate of 35% higher than do white women.” - Kasandra Michelle Perkins: We Must Say Her Name, The Feminist Wire
- According to the CDC, black women have a maternal homicide risk about seven times that of white women. Black women ages 25-29 are about 11 times more likely as white women in that age group to be murdered while pregnant or in the year after childbirth. - The Crucifixion of Kasandra Perkins: Victim Blaming, Black Maternal Homicide and Stupidity, What About Our Daughters,”
PERINATAL NEEDS OF PREGNANT WOMEN
# INFANT MORTALITY AND DV

## Traditional Causes
- Genetic Defects
- Premature Births
- Low Birth Weight
- Maternal Complication
- SUIDS
- Accidents
- Social Determinants: Micro-aggressions, Systemic Racism, Domestic Violence, Health Inequities, Lack of maternal support systems.

## Domestic Violence
- Low birthweight
- Miscarriage
- Premature labor
- Pregnancy and Postpartum Depression
- Drug and alcohol dependencies
- Chronic Pain in sequent pregnancies
- Homicide

## Intimate Partner Violence
- Violence during the perinatal period cause the following:
  - A host of health problems for mothers and infants
  - Increase health problems during pregnancy,
  - Increased risk of premature labor,
  - Late prenatal care
  - No prenatal care
  - Low birth weight infants
  - Taxation of medical resources
  - Increased prenatal substance use.

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PERINATAL NEEDS OF PREGNANT WOMEN

Care Should Be Holistic:
- Family Centered
- Cultural Appropriate
- Offer multidisciplinary care
- Create maternal support systems
- Include breastfeeding and best infant feeding practices
- Confidential and safe
- Provide resources and advocacy
- Maternal Social Support


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Intimate partner violence is the leading cause of female homicide and injury-related deaths during pregnancy.
PERINATAL NEEDS OF PREGNANT WOMEN

Sensitivity
- Concern for psychological needs
- Pregnancy Anxiety, Postpartum Depression
- Non-Bias Care
- Respectful, A Human Connection

Family Center Care
- Pregnant person is at the center
- Provide Regional Resources
- Birth Center, Concern for the family,
  Language Interpreter

Clinical Care
- Midwifery Services, Special Needs
- No separation of mother and child
  Intro Baby Friendly Hospital

The Impact of Domestic Violence on Healthy Births
PRENATAL CARE FOR BETTER BIRTH OUTCOMES
THE IMPACT OF DOMESTIC VIOLENCE ON HEALTHY BIRTHS
THE ROLE OF PRENATAL CARE FOR BETTER BIRTH OUTCOMES IN THE DV POPULATIONS

- Monitor the health of the mother and baby on a regular basis
- Answer questions for the mother
- To examine her body for injuries and broken bones
- To access her mental health
- To address her current health issues
- Build a relationship with the mother
- Put her at the center of her care
- Provide her with resources for a safety plan
- To make the most of every prenatal visit, regardless of the pattern

- Use prenatal care to screen for domestic violence
- Access at risk clients for domestic violence
- Provide gentle prenatal care
- Have snacks as part of prenatal care
- Have food boxed, lunch tickets and transportation
- Offer the same provider at every visit
- Stay with client when referrals visit the patient
- Find out what the patient wants you to do to help


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The Impact of Domestic Violence on Healthy Births
Pregnant Women At Risk

- Often Intimate Partner Violence (IPV) begins in pregnancy. The abuse may intensify resulting in multiple injuries. Pregnant women experience blows to the abdomen during pregnancy. In some cases, IPV may lessen or even stop during pregnancy, and where women use pregnancy as a means of protection.


The Cause of Pregnancy Abuse

- Jealousy towards the unborn child;
- Anger towards the unborn child;
- Pregnancy specific violence, not directed at the child
- Business as usual
- Doubting the Paternity

IPV and Prenatal Health

The percentage of women who consider their mental health to be poor is almost three times higher among women with a history of violence than among those without.

SGA neonates are at increased risk of developmental and behavioral problems. The negative sequelae persist into adulthood with increased rates of diabetes mellitus and coronary heart disease.

Women with disabilities have a 40 percent greater risk of intimate partner violence, especially severe violence, than women without disabilities.

(http://www.apa.org/topics/violence/partner.aspx?item=1)
UNDERLYING CAUSES OF INFANT MORTALITY
INFANT MORTALITY IN AMERICA

Because the US ranks 48 for infant mortality of the industrialized nations.
The US is becoming more racially and culturally diverse,
By 2040 the US will be majority people of color

Provider-Patient communication is linked to:
● Increased satisfaction by health care provider
● Patient satisfaction
● Adherence to medical instructions
● Better Birth Outcomes
● A healthier society
The effects of intimate partner violence (IPV) on maternal and neonatal outcomes are multifaceted and largely preventable. During pregnancy, there are many opportunities within the current health care system for screening and early intervention during routine prenatal care or during episodic care in a hospital setting.

Causes of Infant Mortality:
- Insufficient or inconsistent prenatal care
- Poor nutrition
- Inadequate weight gain
- Substance use
- Increased prevalence of depression
- Adverse neonatal outcomes
Saving our babies Securing our future

Black women experience greater exposure to violence, systemic racism, and micro-aggression. During these experiences, cortisol and other stress hormone levels remain elevated. This contributes to preterm birth, low birth weight, and infant mortality.

The Cycle of Stress and Poor Birth Outcomes

Exposure to Stressors

The disruption of maternal hypothalamic-pituitary-adrenal-axis increases production of cortisol, increasing the chances of preterm birth threefold.

Being born too small or preterm increases the infant mortality rate and morbidity. If babies survive, they risk developing diabetes, poor brain development, or cardiovascular disease.

"...extended inflammatory responses [due to stress] may [cause] increased risk of adverse birth outcomes such as preterm birth" (Christian 2013, p. 10).

"Elevated Corticotrophin-releasing hormone levels at 33 weeks gestation increased relative risk [of] fetal growth restriction 3.6 fold" (Wadhwa 2004, p. 1063).

Solutions

Mothers can learn the signs of premature labor and prevention strategies.

Create a pregnancy plan that includes the midwifery model of care and breastfeeding supports. Evidence shows that midwifery care and breastfeeding can reduce infant morbidity (Gruher, K. J., Cupito, S. H., & Dobson, C. F., 2013).

Get matched with a doula and/or a midwife from your community who respects your wishes and supports physiologic birth.

Long-term breastfeeding (minimum of 12 months) enhances mother-infant bonding, newborn health, and the postpartum experience for mothers. (www.iccsmidwives.org)

Impact on African American Families

Research has found that African American women who are pregnant, in comparison to White women expecting, are...

4x's more likely to die from pregnancy related complications (Tucker et. al., 2007).

2x's more likely to experience preterm birth (Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S., 2004).

3x's more likely to give birth to a low birth weight infant (Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S., 2004).

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HOW TO SUPPORT THE PREGNANT WOMAN OF INTIMATE PARTNER VIOLENCE
SUPPORTING THE PREGNANT WOMAN OF INTIMATE PARTNER VIOLENCE (IPV)

Routine Screening

- Learn the cultural greeting of your pregnant women and person
- Greet client appropriately
- Create Trust
- Let her know what her options are
- Confirm confidentiality
- Screen at first visit
- Screen at 34 weeks
- Screen 10 days postpartum
- Be competent in DV screening

Ways to Help

1. Create a safe space
2. Be non-bias,
3. Don’t judge their parenting
4. Use active listening skills
5. Be sympathetic
6. Acknowledge the abuse
DOMESTIC VIOLENCE IMPACTS PERINATAL HEALTH

**Maternal Impact**
- Increased health problems
- Injury
- Chronic pain,
- Gynecological signs
- Sexually-transmitted diseases,
- Depression,
- Post-traumatic stress disorder
- Substance abuse
- Suicidal
- Increased homicidal rate

**Infant Impact**
- Verbal abuse = low birth weight
- Physical abuse = increased risk of neonatal death
- Preterm birth at 32 weeks of gestation or 3lb infant
- Placental abruptions
- Neonatal intensive care admissions.
- Increase resources for life time of chronic illnesses.

**Causes**
- Verbal abuse = low birth weight
- Physical abuse = increased risk of neonatal death
- Blow to abdomen = Placenta abruption
- Delayed prenatal care
- No prenatal care
- Drug abuse = poor maternal attachment
- Domestic violence = poorer maternal attachment
- Domestic = attachment and assessment of infant temperament
- Domestic violence = poor assessment of infant temperament

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SUPPORTING THE PREGNANT WOMAN OF INTIMATE PARTNER VIOLENCE (IPV)

- Provider-Patient Encounter
- Be aware of Conscious discrimination – around DV women and survivors of DV
- Unconscious prejudice or bias
- Give appropriate eye contact
- Smile, shake hands,
- Don’t stare or overly blink your eyes
- Have an approachable body posture, arm relaxed by side, or resting in lap, (not crossed)
- Discuss with the pregnant persons needs always at the center