Pregnancy and Intimate Partner Violence during the COVID-19 Pandemic

Wednesday, April 29, 2020
2:00 PM – 3:00 PM ET

NATIONAL CFRP
Saving Lives Together
The National Center for Fatality Review and Prevention

Housekeeping Notes

- **Webinar is being recorded and will be available within 2 weeks on our website: www.ncfrp.org**
- All attendees will be muted and in listen only mode
- Questions can be typed into the "Questions and Answer" (Q & A) box at the bottom pane of the webinar
  - Chat is disabled
- Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  - All unanswered questions will be posted with answers on the NCFRP website

Webinar Evaluation

- At the end of today's webinar, we encourage you to take a brief survey on how we did. Please take a moment and provide us with your feedback. It helps us to plan future webinar offerings!

https://www.surveymonkey.com/r/32BRMMX

Welcome and Introduction

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Health Resources and Service Administration (HRSA)

Program Management Officer in the Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

About the National Center

- The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.
- Supported with funding from the Maternal and Child Health Bureau at the Health Resources and Services Administration, the Center aligns with several MCHB priorities and performance and outcome measures such as:
  - Healthy pregnancy
  - Child and infant mortality
  - Injury prevention
  - Safe sleep

HRSA's Overall Vision for NCFRP

- Through delivery of data, training, and technical support, NCFRP will assist state and community programs in:
  - Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  - Improving the quality and effectiveness of CDR/FIMR processes
  - Increasing the availability and use of data to inform prevention efforts and for national dissemination
- Ultimate Goal:
  - Improving systems of care and outcomes for mothers, infants, children, and families

Acknowledgement

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Presentation goals

- Understand what is currently know about the effects of COVID-19 on pregnant women
- Explore the increase in emotional stress experienced by pregnant women during a pandemic and it's potential to lead to adverse birth outcomes
- Understand the role that Intimate Partner Violence plays in pregnancy outcome
- Explore action steps that can increase safety when "staying at home" may not be the safest place to be

Speakers

Rosemary Fournier
FIMR Director, National
Center for Fatality Review and
Prevention

Alisa J. Velonis, MPH, PhD
Assistant Professor, School of Public Health
Division of Community Health Sciences
Center of Excellence in Maternal and Child Health
University of Illinois at Chicago

COVID-19 and special populations

- Pregnant Women
  - Based on available information, pregnant people seem to have the same risk as adults who are not pregnant.
  - If infected, pregnancy changes may place her more at risk for severe illness
- Pregnancy during disasters is often associated with greater number of adverse outcomes

Health challenges for Pregnant Persons

- Need for continuation of prenatal care and post partum care visits
- Adequate support during labor and delivery
- Consequences of early discharge

COVID-19 and special populations

- Infants
  - Mother-to-child transmission of coronavirus during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread
  - No evidence of virus in amniotic fluid or breast milk
- Early studies are showing that children are less likely to be severely ill than adults
- May play a role in non-symptomatic transmission
- Challenges around bonding/attachment/feeding

Disparities and COVID-19

- The Johns Hopkins University and American Community Survey indicate that to date, of 131 predominantly black counties in the US, the infection rate is 137.5/100 000 and the death rate is 6.3/100 000.
- Infection rate is more than 3-fold higher than that in predominantly white counties, and death rate for predominantly black counties is 6-fold higher than in predominantly white counties.

https://jamanetwork.com/journals/jama/fullarticle/2764789#jvp200078r5

Questions

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Pregnancy, Partner Violence, and Pandemics

When Home Does Not Offer

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UIC Center of Excellence in Maternal and Child Health

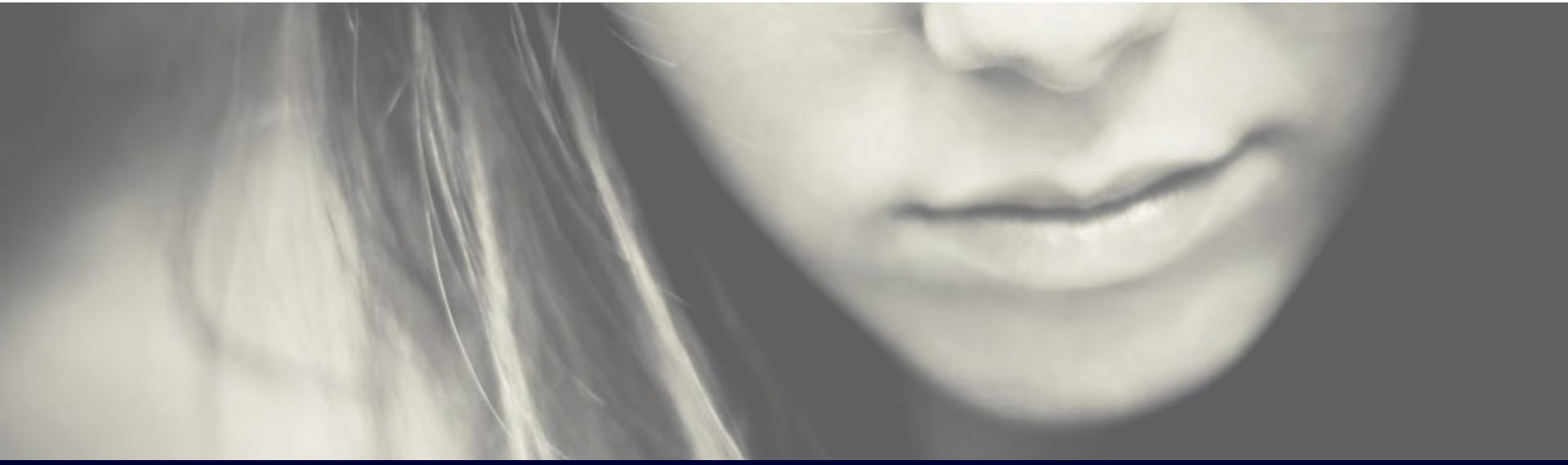
Key Points

- ✓ Fetal & Infant Mortality Reviews can pick up on the unique challenges facing women living with violence.
- ✓ COVID-19 may increase risks for pregnant & postpartum women
- ✓ Systems can be improved to support pregnant and postpartum women

Intimate Partner Violence (IPV) is…

A pattern of partner (or ex-partner) perpetrated behaviors that:

- ☑ are coercive and/or controlling;
- ☑ can include physical violence, sexual violence, threats, psychological attacks, economic control; and
- ☑ are tactics intended to limit autonomy.



Lifetime Experiences of IPV

1 in 3 women experience rape, physical violence or stalking by an intimate partner.

1 in 6 women experience sexual violence by a partner.

1 in 4 women experience severe physical violence by a partner.

3 in 4 women who experience IPV report at least one IPV-related impact.

NATIONAL INTIMATE PARTNER & SEXUAL VIOLENCE SURVEY | 2010-2012 STATE REPORT | CDC

Perinatal IPV

Estimates vary widely!

- Nearly 6% of women delivering live-born infant had been physically abused by a male partner during &/or 1 year before pregnancy;
- More women reported abuse before rather than during pregnancy;
- Young women had highest rates;
- Social and structural inequity related to higher rates.

Silverman, Decker, Reed, & Raj, 2006

Consequences of Perinatal IPV

- Unintended pregnancy
- Reproductive coercion
- STIs (generally)
- Inadequate prenatal care
- Suboptimal weight gain
- Preterm birth
- Low birth weight
- Miscarriage
- Homicide

Silverman, Decker, Reed, & Raj, 2006; Coker et al 2000;

Mental Health: Pregnancy & Postpartum

- Depression, anxiety, PTSD
- Higher levels of postpartum depression
  - Recurrent IPV postpartum → 2x risk of PPD at 12mo
- Tobacco, alcohol & drug use
- Suicidal ideations

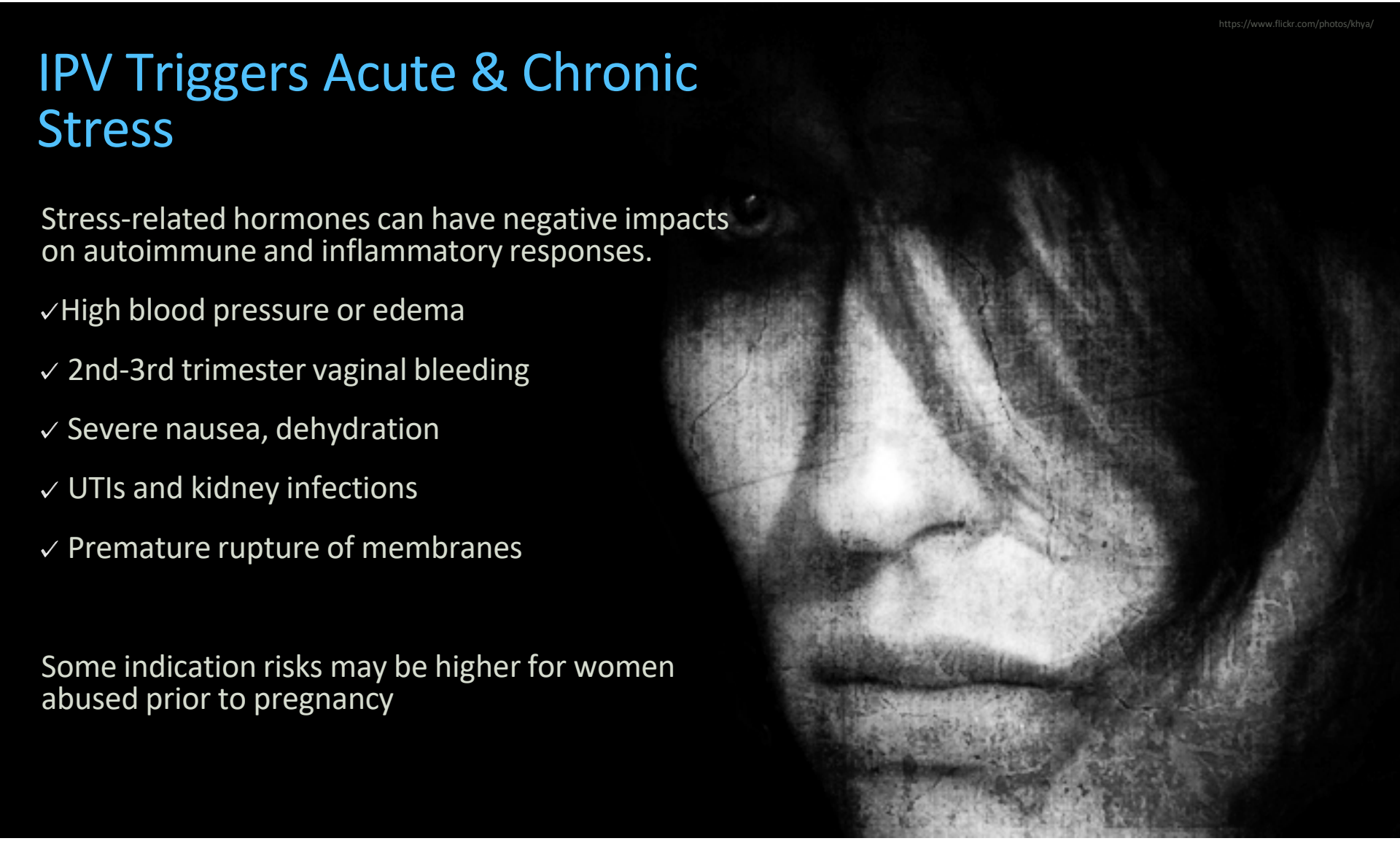
* Velonis, O'Campo, Kaufman-Shriqui et al, 2017

IPV Triggers Acute & Chronic Stress

Stress-related hormones can have negative impacts on autoimmune and inflammatory responses.

- ✓High blood pressure or edema
- ✓ 2nd-3rd trimester vaginal bleeding
- ✓ Severe nausea, dehydration
- ✓ UTIs and kidney infections
- ✓ Premature rupture of membranes

Some indication risks may be higher for women abused prior to pregnancy

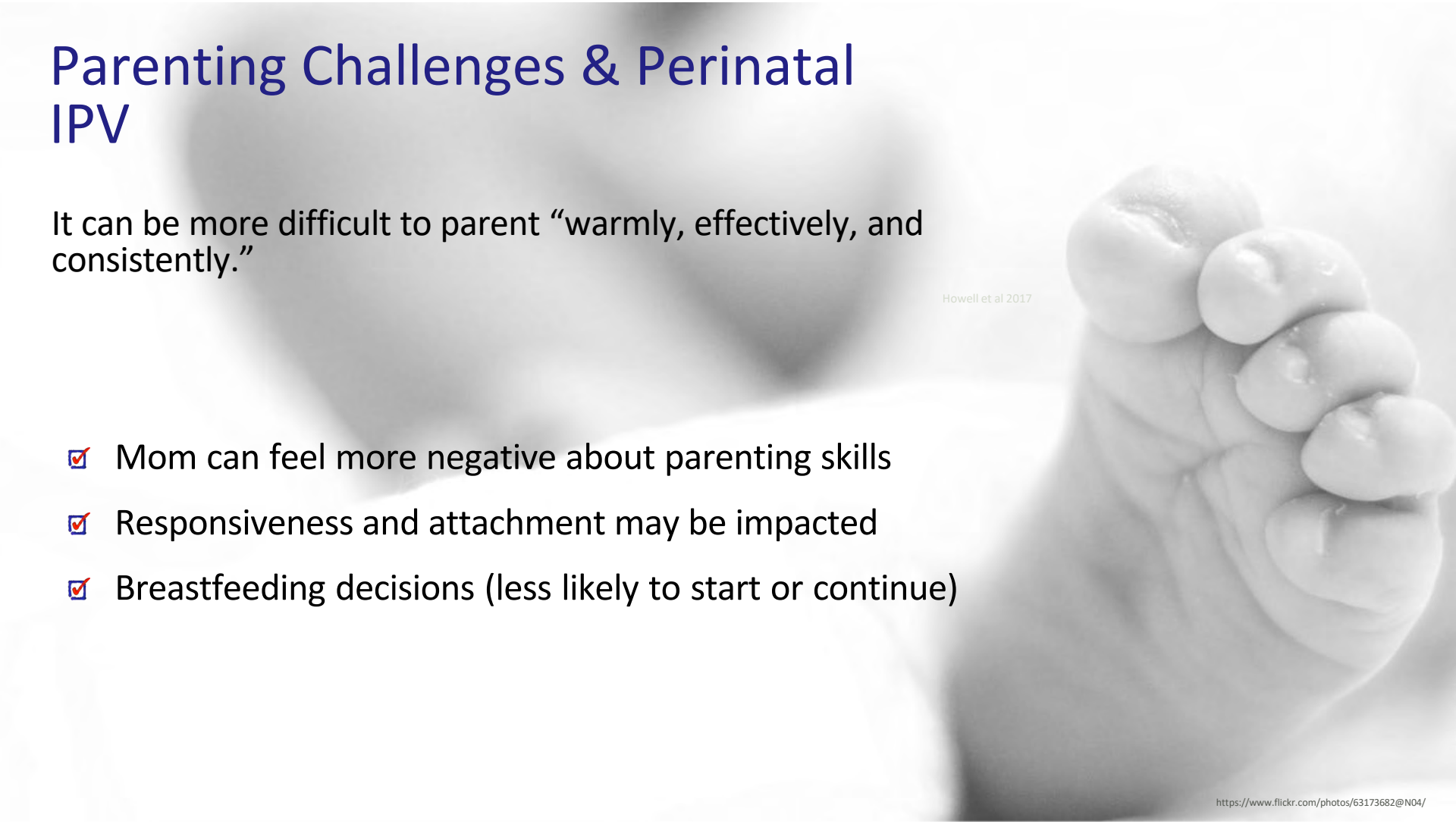


Parenting Challenges & Perinatal IPV

It can be more difficult to parent “warmly, effectively, and consistently.”

Howell et al 2017

- Mom can feel more negative about parenting skills
- Responsiveness and attachment may be impacted
- Breastfeeding decisions (less likely to start or continue)



https://www.flickr.com/photos/63173682@N04/

Coercive & Controlling Relationships?

"To distinguish abuse from fights … it is necessary to know not merely what a party does - their behavior - but its context, its sociopolitical as well as physical consequences, its meaning to the parties involved, and particularly to its target(s) and whether and how it is combined with other tactics."

Stark, *Coercive Control*, 2007 pg 104

https://www.flickr.com/photos/silangel/

"Coercion entails the use of force or threats to compel or dispel a particular response.

In addition to causing immediate pain, injury, fear, or death, coercion can have long-term physical, behavioral, or psychological consequences."

Stark 2012

"Control tactics [are used] to compel obedience indirectly by depriving victims of vital resources and support systems, exploiting them, dictating preferred choices and micro-managing their behavior by establishing explicit rules for everyday living."

Stark 2012

not affect everyone evenly!

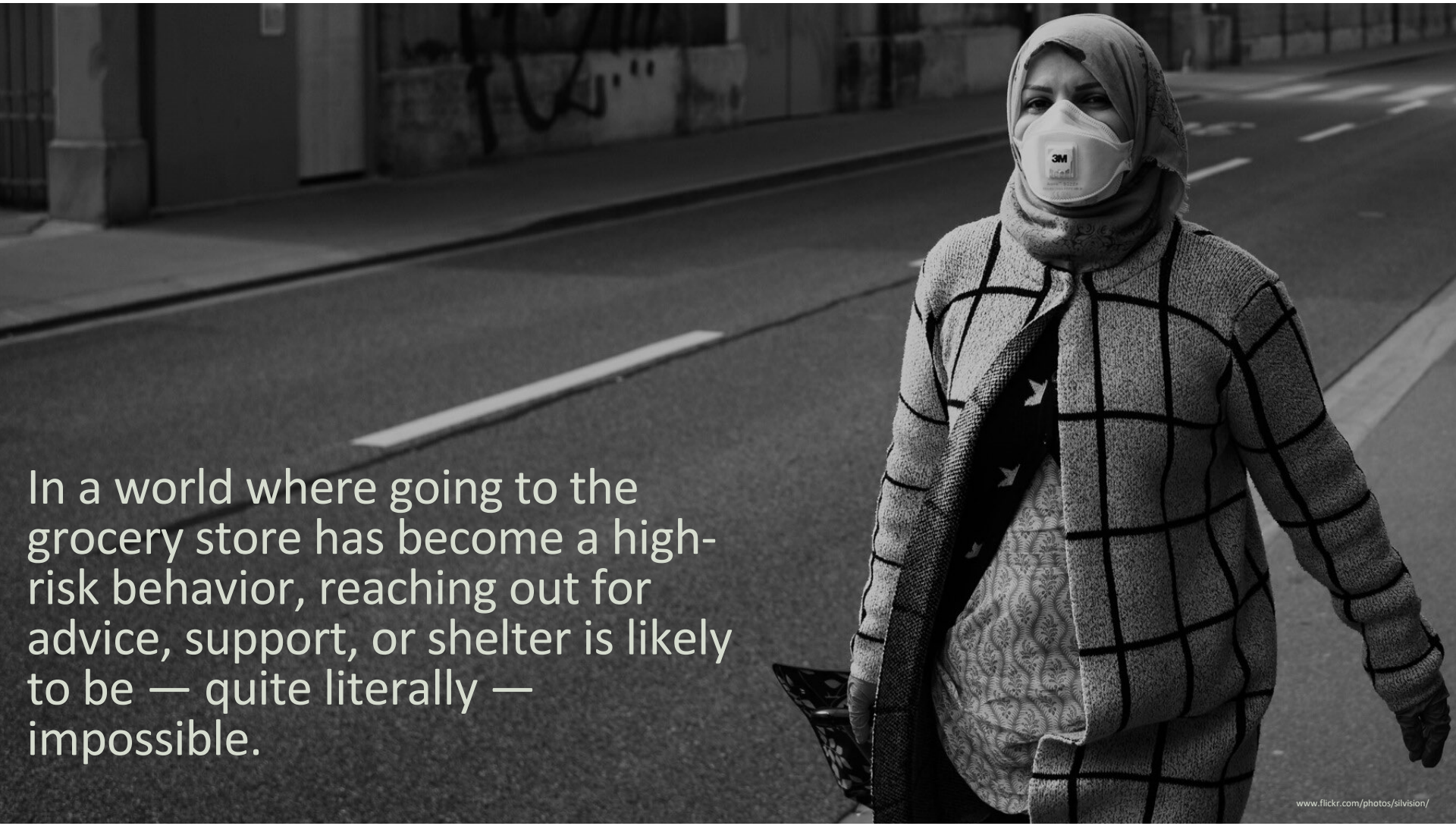
What does COVID-19 have to do with IPV?

- Evidence that rates of IPV increase in the aftermath of disasters.
- Anecdotal data suggest that family

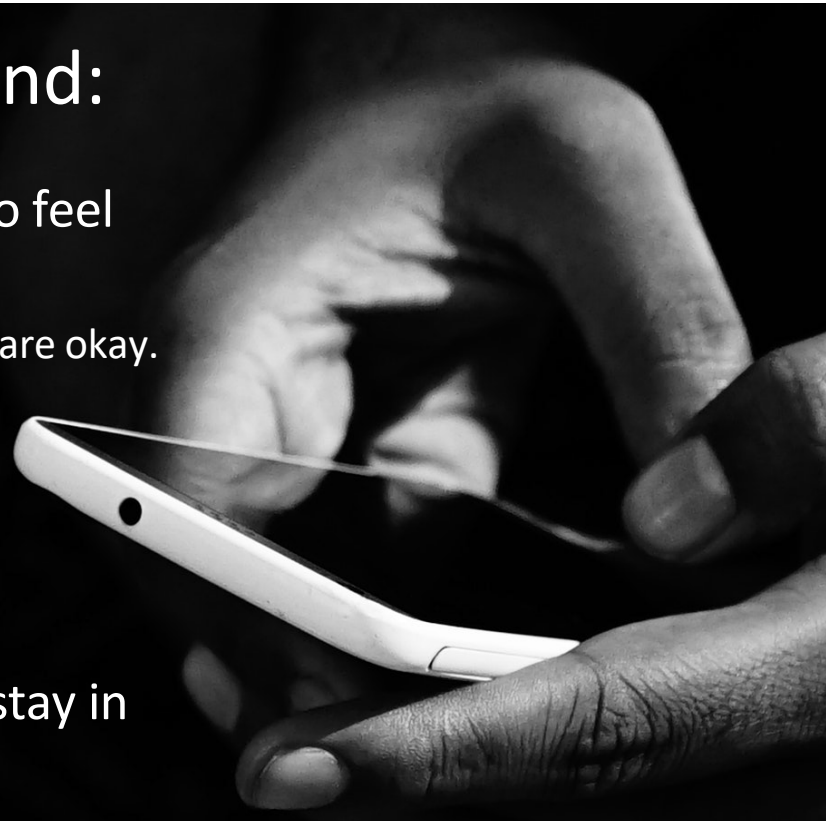
This is all new!

COVID-19, Sheltering-in-place, and IPV

- ☑ Increased proximity to partner
- ☑ Isolation
- ☑ Increased stresses can impact individuals & dynamic
- ☑ The virus becomes a tactic
- ☑ External services are limited


In a world where going to the grocery store has become a high-risk behavior, reaching out for advice, support, or shelter is likely to be — quite literally — impossible.
3M
www.flickr.com/photos/silvision/

If you are concerned about a friend:



Reach out! Survivors and their children are likely to feel especially frightened and isolated.

- ✓ Ask how they are doing, how their kids are, and if they are okay. Help them to not feel alone.
- ✓ Remember that they may not be able to answer questions directly. As if there is a better time or method to connect

Stay-at-home orders do not mean people should stay in their house if their safety is threatened!

- ✓ Depending on the limitations in your jurisdiction, 911 is an option, or call a national or local DV Hotline.
- ✓ Remember that safety - not getting someone to do what we think they should so - is the priority.

https://www.pexels.com/@daniel-reche-718241

Recommendations for Health Care

<u>Universal Screening & Education:</u>

U.S. Preventative Services Task Force recommends screening all women of reproductive age for IPV!

- Universal screening: asking all female-identified patients IPV
- Variety of validated tools and program models
- Universal education offers all patients information and expresses concern.

Universal Education and Screening Makes a Difference!

Evidence shows us:

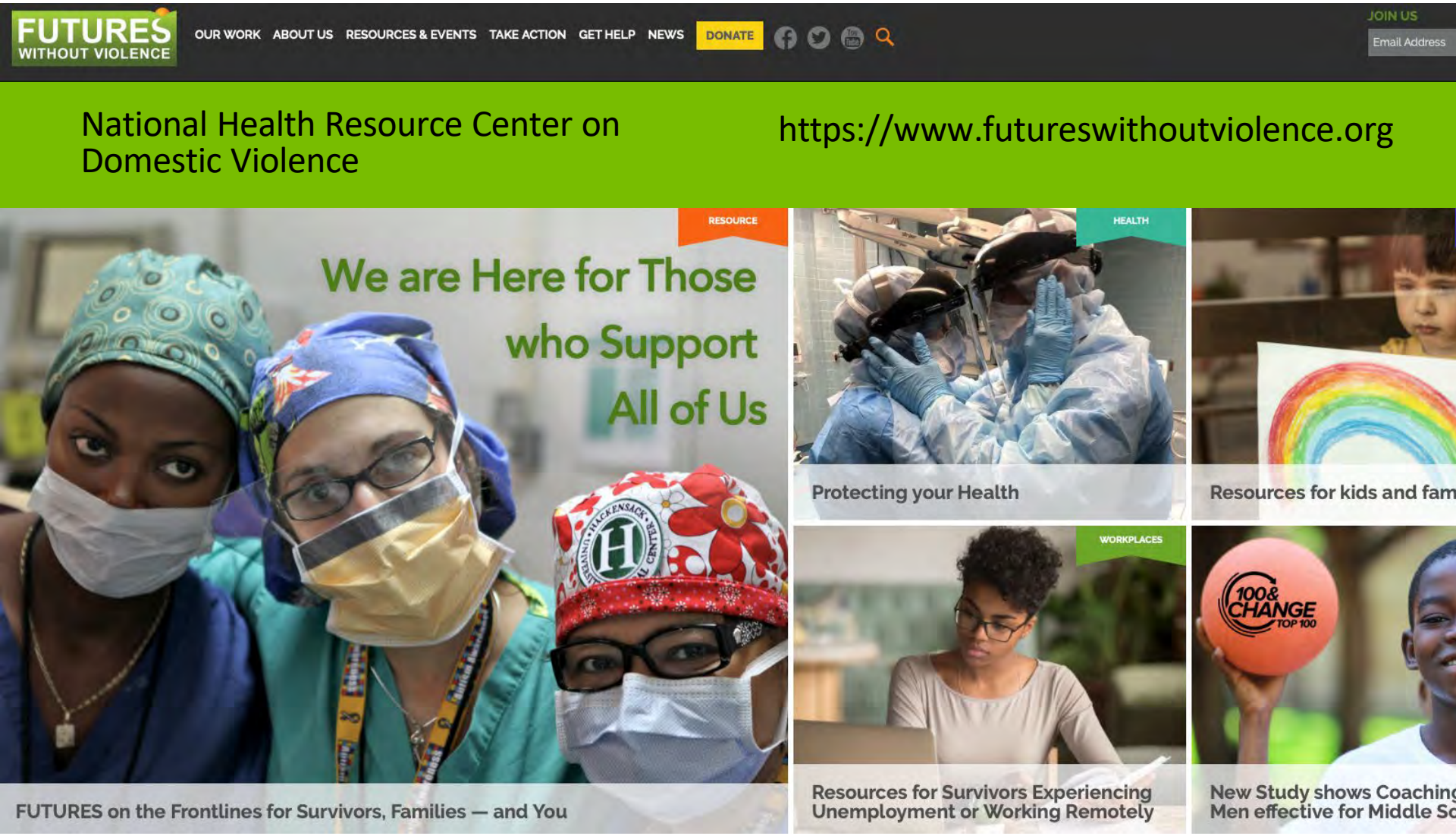
- Patients are not offended!
- Asking does no harm
- Interventions can improve health & safety
- Clinicians cannot adequately treat patients if underlying conditions are not addressed

Response!

Screening without response is not effective!

- That said, clinicians do not have to be domestic violence advocates!
- In fact, disclosure is not necessarily the goal - making the connection is.
- When disclosure happens, clinicians can offer resources (a safe phone) and warm referrals.
- Ideal: build relationships with domestic violence advocacy organization.

Effective response requires ongoing training and organizational support.


FUTURES WITHOUT VIOLENCE
OUR WORK
ABOUT US
RESOURCES & EVENTS
TAKE ACTION
GET HELP
NEWS
DONATE
JOIN US
Email Address
National Health Resource Center on Domestic Violence
https://www.futureswithoutviolence.org
RESOURCE
We are Here for Those who Support All of Us
FUTURES on the Frontlines for Survivors, Families — and You
HEALTH
Protecting your Health
Resources for kids and fam
WORKPLACES
Resources for Survivors Experiencing Unemployment or Working Remotely
100& CHANGE TOP 100
New Study shows Coaching Men effective for Middle Sc

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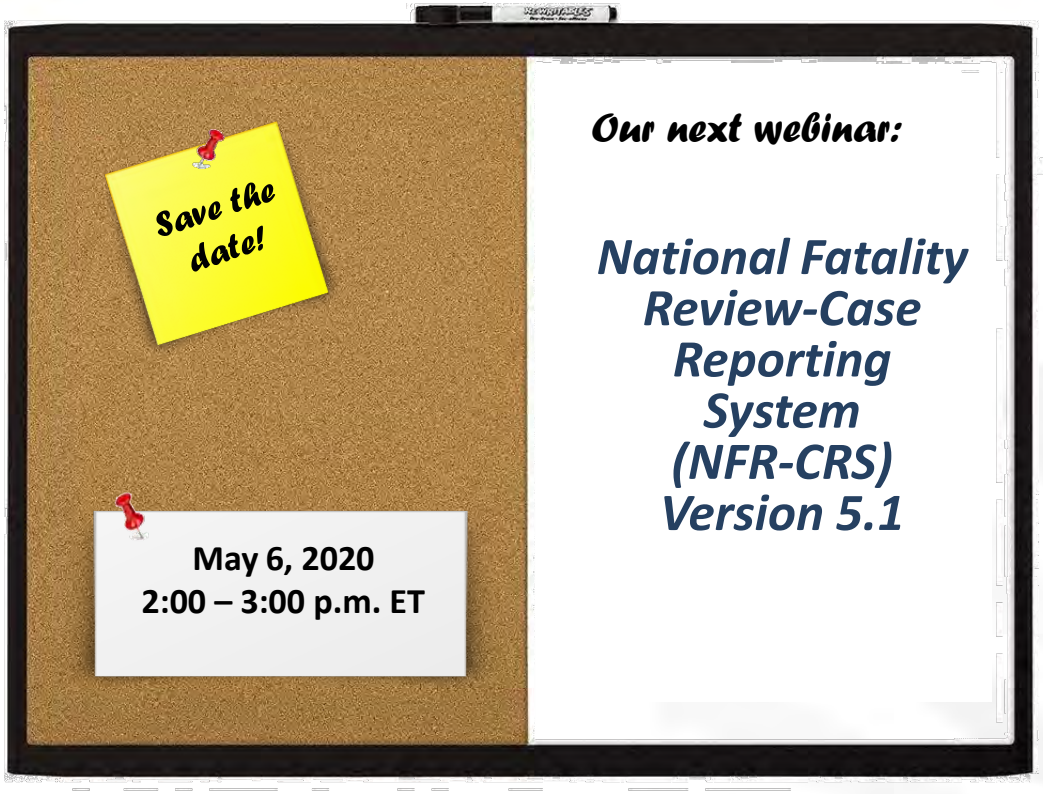
Webinar Evaluation

- Please tell us how we did, and help us plan for future webinars by taking this brief survey:

  https://www.surveymonkey.com/r/32BRMMX

- Thank you for taking the time to join us today!

What's Next?



To Register: https://zoom.us/webinar/register/WN_kXduNru1SbazvVTGKlu60A

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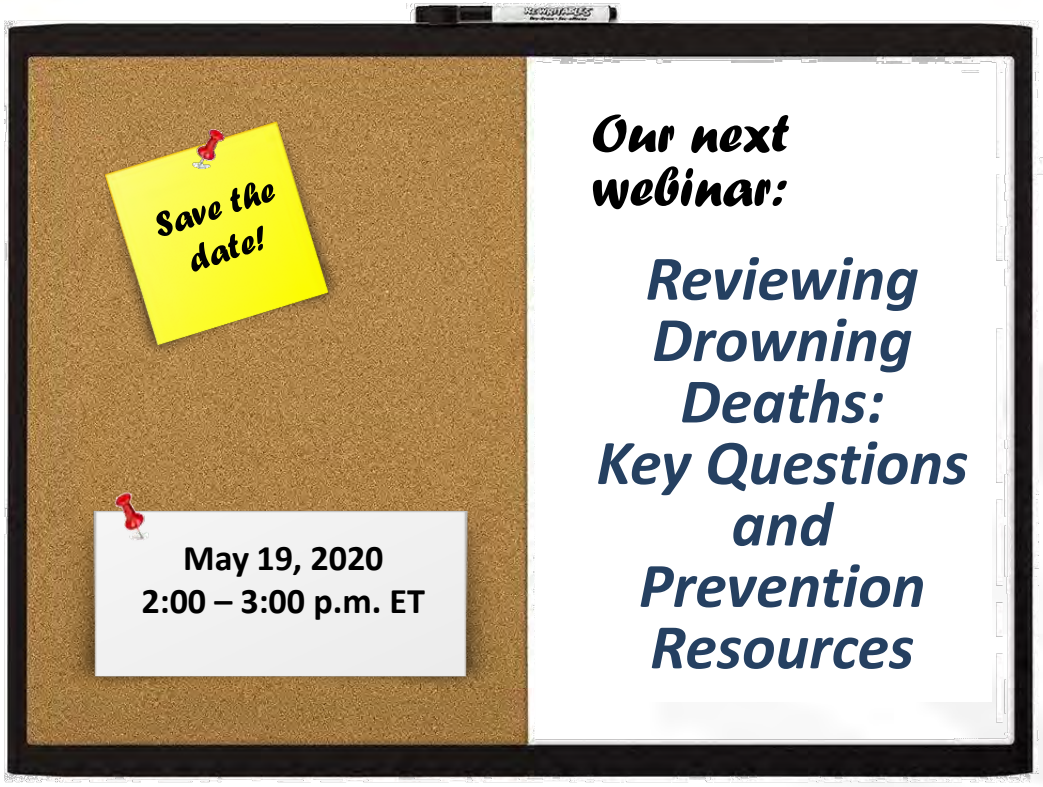

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Additional questions can be directed to:
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