

**Dr. Blea, Idaho Perinatal Project – Focus on Domestic Violence and Pregnancy/ Infancy/Postpartum (Alternative – Sherry Iverson, RN)**

- Homicide is a leading cause of traumatic death for pregnant and postpartum women in the United States, accounting for thirty-one percent of maternal injury deaths

**In some larger metropolitan areas Domestic violence is a leading cause of trauma to the pregnant women an alarming a close second to MVA's as a cause of blunt trauma.**

**Despite this it frequently remains hidden and undiagnosed as clues may be subtle or absent & hidden**

- 20-25% of pregnant teens report physical or sexual abuse during pregnancy.  
**This is one of highest risk groups due to socioeconomic issues, substance abuse and unintended pregnancy, and themselves victims of childhood abuse with revictimization in adulthood.**

- Women who experience physical abuse are 3 times more likely to deliver a low birth weight infant.

**The poster indicates 20% of pregnant women are victims of domestic violence. The alarming fact is this is HIGHER than other pregnancy complications we routinely screen for as providers such as diabetes, preeclampsia, preterm labor, etc**

**Other consequences of DV include increase risks of hospitalization, increased rate of cesarean, increase PTL, trauma, depression, anxiety and substance abuse. It is known that ....**

- Women who experience physical abuse during pregnancy are 4.5 times more like to use illicit drugs while they are pregnant.
- Infants born to women abused during pregnancy are at a greater risk of death.

Perinatal programs can: include information on IPV as part of client education and parent resource packets, ask mothers about IPV in private during visits, include information on IPV and the effects of violence on children in parenting classes.

**JCAHO recommends that all emergency departments use protocols to increase the diagnosis of DV**

**The AMA and ACOG recommend that all physicians should routinely assess all pregnant women for DV.**

**Providers should be aware of clues and characteristics of abuse such as bruising, unusual injury, depression, late or infrequent care, missed visits, cancellations, etc.**

**The ACOG provides a list of three simple questions to ask all pregnant women about DV. Briefly include:**

**Question about being physically hit**

**In a relationship with a person who threatens or physically hurts them**

**Forced to participate in activities than make them uncomfortable**

**In a more general fashion: patients who should be specifically be asked about DV are**

1. Female trauma victims
2. Female emergency room patients
3. Women with chronic abdominal pain
4. Women with chronic headaches
5. Pregnant women, especially with injuries
6. Women with STD's
7. Elders with injuries