MARYLAND PRAMS
Pregnancy Risk Assessment Monitoring System

Focus on

Intimate Partner Violence

Among Maryland Women Giving Birth 2004-2008

March 2011

"When my fiancée held a gun to my head [while I was pregnant], I left."

PRAMS mother

"I was beaten in the head, face and stomach when I was 16 weeks pregnant."

PRAMS mother

Intimate partner violence (IPV) is a pattern of coercive behavior characterized by the domination of one person over another in the context of a current or a former intimate relationship. Violence occurs in all socio-economic groups and to females and males among every culture, race, and religion. IPV can occur in all relationships regardless of sexual orientation. Abuse may be physical, emotional, and sexual.

Women in the childbearing years are at greatest risk for abuse. IPV can have far-reaching consequences for women and their families, including the health of their babies.

In Maryland, homicide is the leading cause of pregnancy-associated death and the majority of homicides are perpetrated by a current or former intimate partner. This brief focuses on IPV before and during pregnancy.

Prevalence of Physical Abuse by a Current or Former Intimate Partner

The 2004 – 2008 Maryland PRAMS survey included the following two questions about partner abuse:

1a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?
No/Yes

1b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?
No/Yes

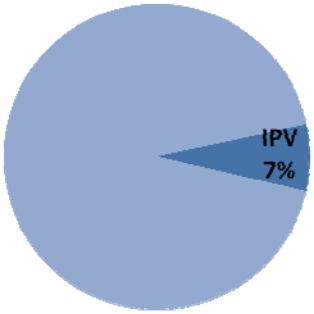
2a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?
No/Yes

2b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?
No/Yes

For this report, women who reported "yes" to any of the above questions were considered to have been physically abused and a victim of IPV.

Among mothers who delivered 2004–2008, 7.2% reported being physically abused by their current or former intimate partners, either during or in the year prior to pregnancy. This includes 5.7% who reported they were abused during the 12 months before pregnancy, 4.3% who were abused during the pregnancy, and 2.8% who were abused both before and during pregnancy.

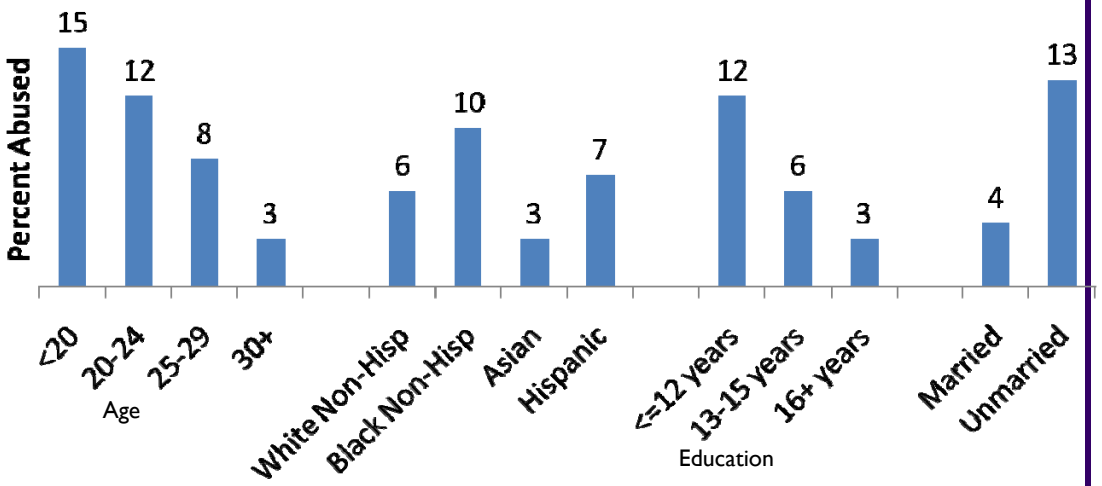
Figure 1. Prevalence of IPV Maryland, 2004-2008 Births



Characteristics of Women Who Reported Intimate Partner Violence

IPV varied significantly by maternal age, race, education, and marital status. The rate of IPV was highest among mothers who were <20 years of age (15%), non-Hispanic Black (10%), unmarried (13%), received 12 years or less education (12%) (Figure 1).

Figure 1. Percent of Women Who Reported Partner Abuse Before or During Pregnancy by Age, Race/Ethnicity, Education and Marital Status, Maryland 2004-2008



Factors Associated with Intimate Partner Violence

Table 1. Factors Associated with Intimate Partner Violence: Before, During and After Pregnancy, Maryland 2004-2008

Factor	No IPV n=7,612 %	IPV n=462 %
Before Pregnancy		
Unintended pregnancy	39	67
Folic acid, daily consumption	32	14
Cigarette smoking, 3 months before	17	37
Alcohol consumption, any, 3 months before	50	59
Binge drinking, 3 months before	15	29
During Pregnancy		
Late initiation of care, after 1st trimester	22	36
No prenatal care	1	3
Cigarette smoking, last 3 months	9	23
Alcohol consumption, any, last 3 months	8	6
Binge drinking, last 3 months	<1	<1
After Pregnancy		
Cigarette smoking, currently	13	30
Breastfeeding, ever	79	71
Breastfeeding, >10 weeks	54	36
Infant sleep position, back	68	63
Postpartum depression	13	34

Women who stated that they were physically abused had high rates of unintended pregnancy (67%), late initiation of prenatal care (after the 1st trimester or no care, 36%), and pre-pregnancy smoking (37%). Compared with women who reported no abuse, cigarette smoking during the last three months of pregnancy was over two times as prevalent among women who were abused (23% vs. 9%). The prevalence of binge drinking during the three months just before pregnancy was also twice as prevalent among women who reported abuse (29%) than among women who did not (14%). Alcohol use and binge drinking during pregnancy did not differ significantly between abused and non-abused women. Postpartum depression was reported at over twice the rate among abused (34%) than non-abused (13%) women (Table 1).

Stressors

Table 2. Prevalence of Intimate Partner Violence by Stressors One Year Prior to Delivery, Maryland 2004-2008

Factor	No IPV n=7,612 %	IPV n=462 %
Homeless	3	16
Separation or divorce	6	30
Arguments, increased with partner	22	64
Job loss, partner	9	20
Pregnancy, unwanted by partner	8	29
Unpaid bills	19	53
Drugs, someone close had problem	9	34
Jail time, self or partner	2	20

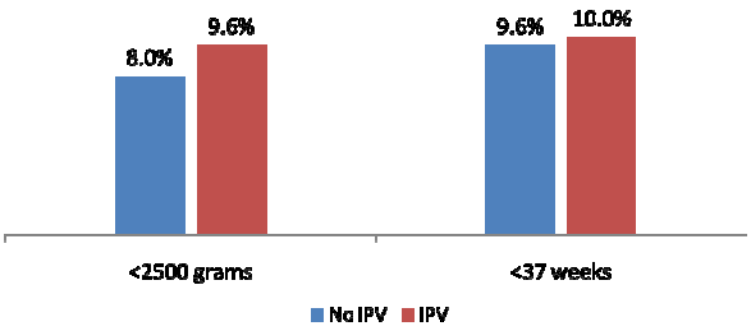
Abused women were likely to experience many stressful factors during the year prior to delivery. Compared to women who were not abused, women who were abused reported five times the rate of homelessness (16% vs. 3%) and separation or divorce (30% vs. 6%); they had ten times the rate of time spent in jail by themselves or their partners (20% vs. 2%) (Table 2).

"I wholly attribute this [baby born 9 weeks premature, weighing 3 pounds] to the emotional abuse my husband...put me through. It is just as harmful, depressing and demoralizing as physical abuse.

Birth Outcomes

Mothers who were abused had a higher prevalence of low birth weight infants (<2500 grams) and premature gestations (<37 weeks). However, these differences were not statistically significant (Figure 3).

Figure 3. Prevalence of Intimate Partner Violence by Infant Birth Weight and Gestational Age, Maryland 2004-2008 Births



"I believe a lot of my stress came from being in an abusive relationship."

"I was 6 months pregnant and lost my baby due to abuse. "

PRAMS Mothers

Summary

In Maryland, 7% of mothers reported IPV either during or in the year before pregnancy. IPV was most prevalent among mothers who were <20 years of age (15%), non-Hispanic Black (10%), unmarried (13%), and had 12 or less years of education (12%).

Compared with women who did not report abuse, women reporting IPV had higher rates of unintended pregnancy, late or no prenatal care, tobacco and alcohol use, and postpartum depression. Women reporting IPV were also less likely to breastfeed and consume a multivitamin with folic acid prior to pregnancy. Homelessness and separation/divorce from a partner were reported five times more frequently by abused than non-abused women.

Many unhealthy behaviors and factors are associated with IPV. Assessment for IPV before and during pregnancy may help to improve the perinatal health and welfare of these mothers and their families.

PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes.

In Maryland, the collection of PRAMS data is a collaborative effort of the Department of Health and Mental Hygiene and the CDC. Each month, a sample of approximately 200 Maryland women who have recently delivered live born infants are surveyed by mail or by telephone, and responses are weighted to make the results representative of all Maryland births.

This report is based on the responses of 8,074 Maryland mothers who delivered live born infants between January 1, 2004 and December 31, 2008 and were surveyed two to nine months after delivery.

Limitations of Report

This report presents only basic associations between maternal risk factors, birth outcomes and maternal race or ethnicity. Unexamined inter-relationships among variables are not described and could explain some of the findings in the report.

PRAMS data are retrospective and therefore subject to recall bias. It is also based on the mother's perception of events and may not be completely accurate.

Studies have also shown that surveys of physical partner abuse may under-estimate the prevalence of IPV by a significant amount due to factors related to social desirability, self esteem, cultural norms, fear, and guilt.

The PRAMS data presented in this brief only includes physical abuse. Data on emotional and sexual abuse were too limited to make meaningful comparisons. The addition of several more years of data will likely yield more comprehensive data on this topic.

Resources

Maryland Health Care Coalition Against Domestic Violence
MedChi, The Maryland State Medical Society
410-539-0872 or 1-800-492-1056, ext. 3316 (professional resources)
www.healthymaryland.org/domestic-violence-coalition.php

Maryland Network Against Domestic Violence
1-800-MD-HELPS or 1-800-634-3577 (statewide helpline for victims and professionals)
www.mndadv.org

Production Team:

Diana Cheng, MD
Sara Barra, MS
Lee Hurt, MS, MPH

For further information, please contact:

Diana Cheng, M.D.
PRAMS Project Director
Medical Director, Women's Health
Center for Maternal and Child Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 309
Baltimore, MD 21201

Phone: (410) 767-6713
Fax: (410) 333-5233

or visit:

www.marylandprams.org

Maryland Department of Health and Mental Hygiene
Center for Maternal and Child Health • Vital Statistics Administration

Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; Joshua M. Sharfstein, M.D. , Secretary

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