

Domestic Abuse/Intimate Partner Violence and its Relevance in Pregnant Women

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Abstract

Domestic Abuse, specifically Intimate Partner Violence (IPV), affects 324,000 pregnant women each year. (1) Legacy Community Health Services have recently made efforts to revamp the abuse identification system that has been in place for many years. It is important that they have been making changes because although at least 4-8% report violence during pregnancy (1) there are many more that continue to go undocumented. This proposed project will hopefully investigate and evaluate Legacy's standard of care as it relates to IPV in pregnant patients and work with Legacy to develop relevant literature that is easily accessible to their patients.

Key Words: Domestic Abuse, Intimate Partner Violence, Violence

INTRODUCTION

Women's health has become increasingly more important involving many facets of health care. Health providers caring for women are having to treat issues involving contraception, infertility, adolescent health, and various other concerns. One of those concerns that suffers from being underreported are cases that implicate domestic abuse (DA), specifically intimate partner violence (IPV).

My project will hopefully serve some benefit to Legacy Community Health Services as they provide care to their pregnant patients in the future as it relates to Domestic Abuse and Intimate Partner Violence.

Although endeavors have been demonstrated to improve protocols for how Legacy Community Health Services identifies, documents, and follows up on all patients that come through their clinics suffering from domestic abuse, it is believed that pregnant patients need a more focused approach that Legacy may not be providing. Pregnant patients in particular may not be provided with enough visual and informative literature that effectively educates them about domestic abuse and intimate partner violence.

While completing this project, I hope to achieve the following aims:

Specific Objective 1: Asses whether or not Legacy Community Health Services protocols as it relates to identification of abuse, documentation, and follow up services for pregnant patients are up to the standard of care set forth by the American Congress of Obstetricians and Gynecologists (ACOG) and other relevant accredited national health organizations.

Specific Objective 2: Evaluate the existing literature that Legacy Community Health Services currently has on domestic abuse and intimate partner violence as a means of educating their pregnant patients. If improvements can be made, I will be working with Legacy's education and marketing departments to make sure that valuable information is easily accessible to their pregnant patients.

Due to my interest with possibly working in the specialty of Obstetrician and Gynecology, I truly hope my project can leave an impact in a special population that involves the care for two patients: mother and child.

BACKGROUND

IPV can affect as much as 1.5 million women each year (1), a number that only represents those that are documented. IPV in pregnant women living in the United States has an incidence rate of about 4% (1) while internationally rates can be as high as 34% (2). These numbers are staggering and although recent efforts have been established by national health organizations to better equip physicians and health providers alike to be able to identify DA and provide solutions for their patients, there are still many that fall through the cracks.

Victims of IPV and DA can come from any age group, religion, racial background, socioeconomic background, and/or sexual orientation. Abuse has the potential to arise from anyone living in the household, however pregnant patients have a higher incidence of receiving abuse from a partner, spouse, or boyfriend/girlfriend (1). Violence can be seen in the form of physical, sexual, emotional, economical, and/or mental abuse. It is noted that violence during a woman's pregnancy may be more common than gestational diabetes, neural tube defects, and preeclampsia (1). This truly indicates the importance of proper screening of IPV as failure to

detect can lead to irreversible harm to the mother and her fetus. It is essential that the right questions are chosen that can effectively gauge a patient's risk factor to DA/IPV. Attention to medical history is also important, as these can clue a provider to previous relevant incidents.

However, there are many cases where the initial occurrence of abuse started during the patient's pregnancy. In one study a total of 36.8% of participants experienced IPV for the first time during her pregnancy (2) illustrating that previous history may not be the biggest indicator. This demonstrates the importance of screening throughout the pregnancy and the postpartum visit (1).

Much research has been done in the area of IPV in pregnant women. ACOG in particular has realized the importance and has made conscious efforts to institute changes to better prepare and train providers to be a contact person for pregnant females dealing with abuse (1).

METHODOLOGY

Research Design: During my six weeks, I will receive training from Legacy on how to effectively go through their electronic health records system so that I may be able to view (a) how many pregnant patients receiving services from Legacy within the last six months have suffered from domestic abuse and (b) evaluate if the proper protocol was implemented according to the right standard of care. I also hope to visit the appropriate Legacy clinic sites that cater to primarily pregnant patients and evaluate the accessibility of relevant pamphlets, leaflets, posters, and various other educational tools to their patients.

Research Setting: I will be focusing on Legacy's clinic sites that provide OB-GYN services to pregnant patients, specifically the Montrose and Southwest sites that are located in very two different demographic areas within Houston, Texas.

Data Analyses: Analyses will hopefully cover the effectiveness of current educational tools and protocols that Legacy already has in place as it relates to domestic abuse in pregnant patients and evaluate how it measures up against the national standard of care

RESULTS

Prenatal Visits

ACOG recommends that domestic abuse/IPV should be screened for at the initial prenatal visits, at least once every trimester, and again at the postpartum visit (1). There are also standard abuse screening assessments that providers should be using when asking about abuse (1). While shadowing physicians to see how Domestic Abuse was screened for in pregnant patients specifically, there were certain questions that were prompted for the provider and medical assistants (MA) to ask their patients. Before seeing any health care professional, the patient is asked to fill out a paper medical history form that includes these questions (Figure 1). At the initial 60 minute maternity visit, the MA would go in first asking the pertinent questions that related to domestic abuse (Figure 2). The provider would then review what the patient has written on the paper form and also what the MA has filled in and confirm those responses with the patient. However, there was also another tab on their initial prenatal form on Centricity that allows the provider to also ask additional detailed questions about the nature of the abuse. Before the end of the visit, the provider is able to offer educational handouts to the patient about any topics that were discussed or might be important for the duration of the pregnancy (Figure 3). However it is up to the provider on whether or not he/she wants to actually provide the patients with the handouts. After this initial visit, there are no other prompts on the Centricity system that tells MAs or providers to ask about domestic abuse or IPV throughout the remaining trimesters.

There are also no prompts for the postpartum visit also. Due to this it was left up to the provider to ask relevant DA/IPV questions if they felt compelled to. Providers at Legacy did not usually ask about DA/IPV after that first initial visit unless it was previously documented in the past medical history.

Standard of Care/Protocol

After receiving training on how to effectively access patient charts on Legacy's electronic health records system, Centricity, data could then be obtained and analyzed. An inquiry search on Centricity gathered a total of 147 pregnant patients that came in for appointments to Legacy over the past six months and were positively screened for domestic abuse and IPV. The data obtained only originated from Legacy's Montrose and Southwest clinics, as this is where the majority of their pregnant patients came in for prenatal appointments.

Ages of patients ranged from 13 to 43. 5.4% of patients were between ages 13-17; 55.8% were between ages 18-29; 34.7% were between ages 30-39; and 3.4% were of ages 40 and older.

Demographics such as nationality, ethnicity, education, and socioeconomic status also ranged, with majority of patients being of Hispanic background, having as high as some high school education, and are of low income status. This data helps advise Legacy on who has higher incidence rates and how to best come up with effective solutions for their patients.

Out of the 147 pregnant patients who admitted to a current abuse or those that have had it happened in the past, 60.5% (total of 89 patients) were offered or counseled about the behavioral health services that Legacy offers, signifying that about 40% of patients might be slipping through the cracks and are not being addressed. Out of those 89 patients, 23.6% of patients actually received a referral for an appointment with behavioral health; 58.4% of patients declined

the services offered; and the remaining 18% of patients although indicated wanting help failed to receive a referral at that time of the visit.

I also analyzed whether or not relevant education or informative tools such as literature or handouts were being given to the patient regardless of whether or not they received a referral for future services. This was investigated to evaluate if patients at least were provided with resources or handouts if they ever needed it. Out of the 147 patients, 30.6% received some sort of educational reference during their prenatal visit while the remaining 70% of patients did not.

Site Visits

I also visited and inspected Legacy's Montrose and Southwest clinics to evaluate patient's accessibility to domestic violence/IPV literature and handouts. Both clinics did not have any posters or handouts available to those visiting the clinics. There wasn't any information located in the rooms or even behind the doors that could provide hotline numbers or services that patients could potentially contact if they needed to. At Montrose's OB-GYN pamphlet stand, there was no relevant IPV/DA literature. However, at Southwest, I was able to find one pamphlet that had both an English and Spanish side explaining what sexual assault was, what they might be feeling and what their options might be.

Based on these trends and percentages, Legacy can definitely improve on how they identify patients with domestic abuse/IPV and on how they provide follow up services.

DISCUSSION/RECOMMENDATIONS

Screening for Domestic Abuse/IPV in pregnant patients is very important as it not only involves the wellbeing of the patient but also her unborn fetus. Legacy has obviously been trying to deal

with the issue of correctly identifying those patients suffering from abuse by the recent inclusion of a new screening assessment on their medical history form (Figure 1). However, based on the current findings, a few changes can help Legacy better serve their patients.

Prenatal Visits

First and foremost, although Legacy is clearly following the ACOG appointed guidelines for regular annual and acute problem visits for women, they are only asking domestic abuse relevant questions during that first initial prenatal visit. It is quite imperative that screening is done throughout the pregnancy as abuse can occur at any time. There are no time constraints on abuse and providers need to make sure that they are using every opportunity to not let any of their patients fall through the cracks. I would strongly encourage the implementation of DA/IPV screening questions to be asked at least once for every trimester and again during the postpartum visit. It has been reported that there is a slight increase in IPV incidences after birth (2). It usually occurs when there was previous history of abuse that temporarily ceased because the attacker wanted to protect the unborn fetus. Unfortunately, protection for the mother no longer exists once the child is born. DA/IPV screening should be as routine as depression during the postpartum visit.

Standard of Care/Protocol

Data obtained indicated a need for provider training as it relates to IPV/DA. Only 60% of patients were offered any sort of behavioral health assistance at the time of their visit. This illustrates an issue with making sure patients are aware of all the services available to them. Although IPV/DA may not be the focus of the prenatal visit, it can obviously have a serious impact on the mother and her unborn fetus. It is absolutely imperative that providers ask the

necessary questions and make sure additional services are provided when DA/IPV has been confirmed.

A clear indication that Legacy is not making full use of their behavioral services is based on the fact that out of the 60% who were actually counseled about DA/IPV, about 18% of patients failed to receive a referral even after patients confirmed wanting an appointment. I spoke with many providers about their prenatal visits with patients and discussed why this might be the case. They all had similar answers, the most important being time. Providers are asked to perform a multitude of activities within a very limited time frame. During a visit, they obviously prioritize what is most important and unfortunately DA/IPV is not at the top of the list. This is quite understandable as prenatal visits are very focused to obtain relevant information. Another recommendation that might be useful is the addition of a red flag or note on the Centricity EHR system. If it was indicated during the visit that a patient wants to seek additional services for behavioral health, a note could pop up to remind the provider to set up a referral before he/she could officially sign/close the patient's file. This provides a backup measure for the instances of where a provider might not have scheduled an appointment.

Site Visits

Visits to the Montrose and Southwest Clinics clearly indicated an improvement in the accessibility of posters and brochures available for patients. After speaking to the appropriate administrative staff in regards to this issue, they understood the need, however the clinics had to follow certain guidelines about what could actually be placed within exam rooms. Only a limited number of posters could actually be placed on the walls or on the back of the doors. However, relevant brochures and pamphlets could be added to be placed on the already existing stands

located at both clinics. An additional recommendation would be to have Legacy order DA/IPV pamphlets in English and Spanish that included hotline numbers or points of contacts available for their patients.

CONCLUSION

I hope due to the study conducted that changes and adjustments could be made to truly benefit Legacy Community Health Services and the patients they serve. The issues of domestic abuse and intimate partner violence are important ones that need to be discussed as it has the potential to affect anyone regardless of race, background, and socioeconomic status. I feel it is even more significant in pregnant populations since it not only affects the well-being of the mother but also that of her unborn child. Correctly identifying DA/IPV and providing behavioral health services will allow Legacy to continue achieving their goal of driving healthy change in their surrounding community.

REFERENCES:

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FIGURES

Abuse History

Are you presently emotionally or physically abused by your partner or someone important to you? Yes No

Are you presently being hit, slap, kicked, or otherwise physically hurt by your partner or someone important to you? Yes No

Are you presently forced to have sexual activities? Yes No

Are you afraid of your partner or anyone of the following (circle if appropriate): husband/wife, ex-husband/ex-wife, boyfriend/girlfriend, stranger? Yes No

(If pregnant) Have you ever been hit, slapped, kicked, or otherwise physically hurt by your partner or someone important to you during pregnancy? Yes No

Legacy Community Health Services Page 1
RW/FP/PHC Adult History Form 10 2013

Figure 1. Initial Adult Medical History Form

Update - Cash P. - MRG>Test Patient -- Office Visit at LMC OB on 6/25/2014 12:10:47 PM by Mandi Szyrski WHNP [Doc ID: 71]

Summary: Annual / Family Plan... << + Order + Medication + Problem

Interactions: No

Forms Text

Forms Add...

- Vital Signs
- Initial Intake
- Adult CC/HPI
- Adult ROS
- Patient History
- Adult HM & Ed
- Menstrual History
- OB Past Pregnancy History
- Cancer Screening
- Physical Exam
- Disease Management Adviso
- Womens Health Education
- Oral Contraceptive
- Assessment & Plan
- E&M Advisor
- Quality of Care Checklist
- Process Lab Orders

Attachments Add...

Favorites Add

- Blank image
- Adult CC/HPI
- Immunizations and PPD
- Medication Administratio
- Menstrual History and Da

Summary Med Hx Surg Hx Fam Hx Soc Pers Hx Abuse Hx

Abuse History DOB: 10/04/1961 Patient Age: 52 Years Old Summary

History of physical abuse? Yes No Previous

Physical abuse comments:

History of sexual abuse? Yes No Previous

Sexual abuse comments:

History of emotional abuse? Yes No Previous

Emotional abuse comments:

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)

Figure 2. Centricity Abuse History Tab

Summary: Prenatal Initial Visit << + Order + Medication + Problem

Interactions: No

Forms Text

Forms Add...

- Vital Signs
- Labs In-House
- Initial Intake
- OB Past Pregnancy Histor
- OB Patient History
- Menstrual History and Da
- Contraception Hx
- Prenatal Intake
- OB Review of Systems
- Prenatal Visit
- Adult HM & Ed
- OB Physical Exam
- Prenatal Labs
- Prenatal Patient Education
- Assessment & Plan
- Meaningful Use Checklist

Attachments Add...

Favorites Add

- Blank image
- Immunizations and PPD
- Menstrual History and Da
- DHI Authorization

Prenatal Patient Education EDD: 02/03/2013 Gestational Age:

Text4Baby Project: Enrolled Not Enrolled [Text4Baby Enrollment Website](#)

1st Trimester 2nd Trimester 3rd Trimester **Handouts**

Show Previous Education for: Current Pregnancy All ?

1st Trimester Education [All Education Completed](#)

Anticipated Course of Prenatal Care:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Call Procedure:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Routine Labs During Pregnancy:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Genetic Testing Options:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Signs/Symptoms of Miscarriage:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Indications for Ultrasound:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Nutrition & Weight Gain:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Physical & Sexual Activity:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
HIV/STI Prevention:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Environmental/Work Hazards:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Seat Belt Use:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Influenza Vaccine:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Dental Health:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Use of Medications:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Toxoplasmosis Precautions:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Travel:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Tobacco:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Alcohol:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Recreational Drugs:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Depression:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Domestic Violence:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Child Birth Classes:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Cesarean Section:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Vaginal Birth After Cesarean (VBAC):	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	
Cord Blood:	<input type="radio"/> Complete	<input type="radio"/> Further Discussion	

Figure 3. Centricity Prenatal Patient Education Handout Tab