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Prevalence and Characteristics of Intimate Partner Violence Before and During Pregnancy, and IPV Screening During and After Pregnancy Among Women in Tennessee with a Recent Live Birth, 2016-2019

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Introduction: Intimate partner violence (IPV) contributes to over half of pregnancy-associated homicides in Tennessee (TN); examining the prevalence of IPV before and during pregnancy and variation by sociodemographic characteristics and health care access to IPV screening around pregnancy may inform intervention efforts to decrease pregnancy-associated mortality.

Methods: A cross-sectional analysis used 2016-2019 Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS) data (N=3,107). Analyses were weighted to represent all women delivering live births in TN. Chi-square analyses compared IPV self-report before and during pregnancy and demographic characteristics with significance assessed at $p < 0.05$. Multivariable logistic regression assessed factors associated with IPV screening at any prenatal or postnatal appointments.

Results: In TN, 3.8% (weighted N= 75,451) of new mothers reported experiencing IPV before or during pregnancy. Significant bivariate associations between IPV self-report and demographic characteristics were observed by age, education, marital status, and insurance status. Among women who attended a prenatal care or postpartum visit, 64.5% reported being screened by their health care provider for IPV; more than half (58.2%) reported screening at a prenatal care visit and 41.0% reported screening at a postpartum visit. The adjusted odds of being screened for IPV were lower for women who self-reported experiencing IPV compared to those who did not report IPV ($p=0.05$). There were no differences in IPV screening by age, race/ethnicity, rurality, marital status, or education level.

Conclusions: Almost 4% of TN women with a recent live birth reported IPV before or during pregnancy. Many TN women were not screened for IPV during prenatal or postpartum visits, and screening was less likely among those who self-reported IPV. Increased adherence to universal screening guidelines for IPV around the time of pregnancy is critically important to identify and refer women in need of support services.