



---

**DISCLAIMER:** Results of database and or Internet searches are subject to the limitations of both the database(s) searched, and by your search request. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the results.

**Date:** 24 January 2020

**Sources Searched:** Medline, Embase, PsycINFO.

## Impact of Domestic Violence on Pregnancy Outcomes

---

[See full search strategy](#)

### 1. Birth Outcomes in Relation to Intimate Partner Violence.

**Author(s):** Chen, Ping-Hsin; Rovi, Sue; Vega, Marielos L; Barrett, Theodore; Pan, Ko-Yu; Johnson, Mark S

**Source:** Journal of the National Medical Association; ; vol. 109 (no. 4); p. 238-245

**Publication Type(s):** Journal Article

**PubMedID:** 29173930

Available at [Journal of the National Medical Association](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Journal of the National Medical Association](#) - from Unpaywall

**Abstract:**OBJECTIVES Intimate partner violence (IPV) during pregnancy is a significant public health problem. Approximately 324,000 IPV victimizations occur during pregnancy each year. However, research on the impact of IPV on birth outcomes yields conflicting findings. This study examines the association of IPV with birth outcomes among pregnant women. STUDY DESIGN We used a retrospective cohort study design to analyze data from chart reviews of a random sample of 1542 pregnant women. These women were seen between 2003 and 2009 at an urban university affiliated prenatal clinic and gave birth at the on-site hospital. Victims of IPV were defined as those who scored equal to or higher than 10 on an IPV screening tool: HITS (Hit, Insult, Threaten, and Scream). Three measures were included in birth outcomes. Preterm delivery was defined as gestational age less than 37 weeks. Low birth weight was defined as infants born weighing <2500 g. Neonatal intensive care was measured by prevalence of receiving intensive care. RESULTS The prevalence of IPV was 7.5%. Compared to non-abused women, abused women were more likely to have preterm deliveries (18.3% vs. 10.3%;  $p = .016$ ). Compared to infants of non-victims, infants of victims were more likely to have low birth weight (21.5% vs. 11.0%;  $p = .003$ ) and to receive neonatal intensive care (23.4% vs. 7.8%;  $p = .000$ ). Results from multivariate analyses indicated that victims were more likely to have preterm deliveries than non-victims (OR = 1.72; 95% CI: 1.22-2.95). More infants of victims had low birth weight (OR = 2.03; 95% CI: 1.22-3.39) and received neonatal intensive care than those of non-victims (OR = 4.04; 95% CI: 2.46-6.61). CONCLUSIONS Abused pregnant women had poorer birth outcomes compared to non-abused pregnant women. Healthcare providers should be trained to screen and identify women for IPV, and interventions should be designed to reduce and prevent IPV and thereby improve health outcomes for victims and their children.

**Database:** Medline

## **2. Intimate Partner Violence and Perinatal Health: A Systematic Review**

**Author(s):** Pastor-Moreno G.; Ruiz-Perez I.; Ricci-Cabello I.; Henares-Montiel J.; Higuera-Callejon C.; Escriba-Aguir V.

**Source:** BJOG : an international journal of obstetrics and gynaecology; Jan 2020

**Publication Date:** Jan 2020

**Publication Type(s):** Review

**PubMedID:** 31912613

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Wiley Online Library

**Abstract:**BACKGROUND: Physical, psychological and sexual Intimate Partner Violence (IPV) have been described in the literature as different types of IPV experienced by women during pregnancy all over the world. OBJECTIVE(S): To systematically review and summarize the empirical evidence on the links between IPV during pregnancy and the perinatal health of mothers and fetuses/neonates. SEARCH STRATEGY: Medline (Ovid), CINAHL, Embase, Nursing@ovid (Ovid) and LILACS were performed (2008-2018). SELECTION CRITERIA: Observational studies that examined perinatal health outcomes (i.e. preterm-birth, low birthweight, miscarriage, perinatal death and premature rupture of membranes) in pregnant women exposed to IPV. DATA COLLECTION AND ANALYSIS: Information on study characteristics, type of IPV measured, study design, methodological quality, and outcome variable extracted. RESULT(S): 50 studies were included. 29 analyzed undifferentiated IPV (n=25,489), 34 included physical IPV (n=7,333), 22 analyzed psychological IPV (n=7,833) and 18 examined sexual IPV (n=2,388). 15 studies were from Asia, 12 from North America and Oceania and 12 from Central and South America. The studies examined the association between IPV and 39 different perinatal health outcomes. The most frequent outcomes reported were pre-term birth (50%), low birthweight (46%), miscarriage (30%), perinatal death (20%) and premature rupture of membranes (20%). 12 of the studies that analyzed undifferentiated IPV, 18 physical IPV, 6 psychological IPV and 2 that examined sexual IPV reported a significant association with perinatal health outcomes. CONCLUSION(S): The relationship between IPV and perinatal health outcomes can be seen in different epidemiological designs and countries. 39 different outcomes were identified and 29 were associated with IPV. Copyright © 2020 Royal College of Obstetricians and Gynaecologists.

**Database:** EMBASE

### **3. Intimate partner violence during pregnancy and risk of fetal and neonatal death: a meta-analysis with socioeconomic context indicators**

**Author(s):** Pastor-Moreno G.; Ruiz-Perez I.; Petrova D.; Henares-Montiel J.

**Source:** American Journal of Obstetrics and Gynecology; 2019

**Publication Date:** 2019

**Publication Type(s):** Review

**PubMedID:** 31394067

**Abstract:**Objective: The objective of the study was to summarize the results from observational studies examining the risk of fetal and neonatal death (perinatal death) as a function of the experience of intimate partner violence during pregnancy and examine the influence of socioeconomic context indicators on this association. Data Sources: Bibliographic searches were conducted in PubMed, EMBASE, CINAHL, and LILACS until March 2019. Study Eligibility Criteria: We considered observational studies that provided data on the association between intimate partner violence during pregnancy and perinatal death. Study Appraisal and Synthesis Methods: Information collected included study characteristics, type, and prevalence of intimate partner violence and the reported association between intimate partner violence and perinatal death. Quality of the included studies was assessed using the Newcastle-Ottawa scale. Two reviewers independently conducted all review procedures; disagreements were resolved by a third reviewer. Meta-analyses were conducted based on the specific type of intimate partner violence (physical, psychological, sexual, unspecified) and also based on any type of intimate partner violence, considering 1 effect size per study, regardless of the type of intimate partner violence analyzed. Meta-regression analyses were performed to assess the possible effects of socioeconomic context. The proportion of deaths attributable to the exposure of intimate partner violence based on the crude data from the 3 cohort studies available also was calculated. Result(s): Seventeen studies were included. The random-effects model showed a statistically significant increase in the odds of perinatal death among women exposed to unspecified intimate partner violence (odds ratio, 3.18; 95% confidence interval, 1.88-5.38), physical intimate partner violence (odds ratio, 2.46; 95% confidence interval, 1.76-3.44), and any type of intimate partner violence during pregnancy (odds ratio, 2.89; 95% confidence interval, 2.03-4.10). Meta-regression analysis showed stronger associations in countries with higher gross domestic product (odds ratio, 1.03; 95% confidence interval, 1.02-1.04) and a higher percentage of health expenditure (odds ratio, 1.27; 95% confidence interval, 1.09-1.46). The proportion of deaths attributable to exposure to intimate partner violence in cohort studies was attributable proportion, 60%; 95% confidence interval, 15-81%. Conclusion(s): Pregnant women who experience intimate partner violence during pregnancy may be about 3 times more likely to suffer perinatal death compared with women who do not experience intimate partner violence. It should be a priority to include intimate partner violence screenings or other detection strategies in pregnancy monitoring or family-planning programs because these could help avoid preventable perinatal deaths. Copyright © 2019 Elsevier Inc.

**Database:** EMBASE

#### **4. Maternal outcomes associated to psychological and physical intimate partner violence during pregnancy: A cohort study and multivariate analysis**

**Author(s):** Martin-De-las-heras S.; Velasco C.; De Dios Luna-Del-castillo J.; Khan K.S.

**Source:** PLoS ONE; Jun 2019; vol. 14 (no. 6)

**Publication Date:** Jun 2019

**Publication Type(s):** Article

**PubMedID:** 31194820

Available at [PloS one](#) - from Europe PubMed Central - Open Access

Available at [PloS one](#) - from Public Library of Science (PLoS)

Available at [PloS one](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [PloS one](#) - from Unpaywall

**Abstract:**Intimate partner violence (IPV) is a public health problem that affects millions of women worldwide and can occur during both pregnancy and the perinatal period. We aimed to evaluate if the experience of psychological and physical intimate partner violence (IPV) adversely affects pregnancy outcomes. We established a cohort of 779 consecutive mothers receiving antenatal care including ultrasound and giving birth in 15 public hospitals, drawn using cluster sampling of all obstetric services in Andalusia, Spain (February-June 2010). Trained midwives gathered IPV data using the Index of Spouse Abuse validated in the Spanish language (score ranges: 0-100, higher scores reflect more severe IPV; cutoffs: Physical IPV = 10, psychological IPV = 25). Socio-demographic data, including lack of kin support, maternal outcomes, and hospitalization were collected. Multivariate logistic regression estimated adjusted odds ratios (AOR), with 95% confidence intervals (CI), of the relationship between psychological and physical IPV and maternal outcomes, controlling for socio-demographic characteristics. Response rate was 92.2%. Psychological IPV, reported by 21.0% (n = 151), was associated significantly with urinary tract infection (127 (23%) vs 56 (37%); AOR = 1.9; 95%CI = 1.2-3.0), vaginal infection (30 (5%) vs 20 (13%); AOR = 2.4; 95%CI = 1.2-4.7) and spontaneous preterm labour (32 (6%) vs 19 (13%); AOR = 2.2; 95% CI = 1.1-4.5). Physical IPV, reported by 3.6% (n = 26), was associated with antenatal hospitalizations (134 (19%) vs 11 (42%); AOR = 2.6; 95%CI = 1.0-7.1). Lack of kin support was associated with spontaneous preterm labour (AOR = 4.7; 95%CI = 1.7-12.8). Mothers with IPV have higher odds of complications. Obstetricians, gynaecologists and midwives should act as active screeners, particularly of the undervalued psychological IPV, to reduce or remedy its effects. Copyright © 2019 Martin-de-las-Heras et al.

**Database:** EMBASE

## 5. Domestic violence and perinatal outcomes - a prospective cohort study from Nepal.

**Author(s):** Pun, Kunta Devi; Rishal, Poonam; Darj, Elisabeth; Infanti, Jennifer Jean; Shrestha, Shrinkhala; Lukasse, Mirjam; Schei, Berit; ADVANCE Study Group

**Source:** BMC public health; May 2019; vol. 19 (no. 1); p. 671

**Publication Date:** May 2019

**Publication Type(s):** Journal Article

**PubMedID:** 31151395

Available at [BMC public health](#) - from BioMed Central

Available at [BMC public health](#) - from SpringerLink - Medicine

Available at [BMC public health](#) - from Europe PubMed Central - Open Access

Available at [BMC public health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC public health](#) - from Unpaywall

**Abstract:**BACKGROUND Domestic violence is one of the most common forms of violence against women. Domestic violence during pregnancy is associated with adverse perinatal and maternal outcomes. We aimed to assess whether domestic violence was associated with mode of delivery, low birthweight and preterm birth in two sites in Nepal. METHODS In this prospective cohort study we consecutively recruited 2004 pregnant women during antenatal care at two hospitals between June 2015 and September 2016. The Abuse Assessment Screen (modified) was used to assess fear and violence. Having ever experienced either fear or violence was defined as any domestic violence. Obstetric outcomes were obtained from hospital records for 1381 (69%) women, selecting singleton pregnancies only. Mode of delivery was assessed as birth by cesarean section or not. A birthweight of less than 2500 g was defined as low birthweight and preterm birth as birth before completion of 37 weeks gestation. Descriptive and multiple logistic regression analyses were performed to assess associations. RESULTS Twenty percent of the women reported any domestic violence. Among all 1381 women, 37.6% gave birth by cesarean section. Of those women who delivered by cesarean section, 84.7% had an emergency cesarean section. Less than 10% of the babies were born prematurely and 13.5% were born with low birthweight. We found no significant association between exposure to any domestic violence during pregnancy and risk of a low birthweight baby or birth by cesarean section. However, having experienced both violence and fear was significantly associated with giving birth to a preterm infant [aOR 2.33 (95% CI;1.10-4.73)]. CONCLUSIONS Domestic violence is common in Nepal. This is a potential risk factor for severe morbidity and mortality in newborns. We found that the risk of having a preterm baby was higher for pregnant women who experienced both fear and violence. This should be recognized by the health sector. In this study, no significant differences were found in the rate of cesarean section nor low birthweight for women who had experienced any domestic violence compared to those who did not.

**Database:** Medline

## **6. Intimate partner violence during pregnancy and adverse birth outcomes: a case-control study.**

**Author(s):** Berhanie, Eskedar; Gebregziabher, Dawit; Berihu, Hagos; Gerezgiher, Azmera; Kidane, Genet

**Source:** Reproductive health; Feb 2019; vol. 16 (no. 1); p. 22

**Publication Date:** Feb 2019

**Publication Type(s):** Journal Article

**PubMedID:** 30803448

Available at [Reproductive health](#) - from BioMed Central

Available at [Reproductive health](#) - from SpringerLink - Medicine

Available at [Reproductive health](#) - from Europe PubMed Central - Open Access

Available at [Reproductive health](#) - from Free Medical Journals . com

Available at [Reproductive health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Reproductive health](#) - from Unpaywall

**Abstract:**BACKGROUND Intimate partner violence is a common phenomenon in Ethiopia families. About 81% of women believed that a husband is justified in beating his wife. About 30-60% of families were affected by their intimates. Women suffer physical, emotional, sexual and economic violence by their intimate partners. It often remains either for the sake of family secrecy, cultural norms or, due to fear, shame and community's reluctance on domestic affair and social stigma. The objective of this study is to examine the association between intimate partner violence during pregnancy and adverse birth outcomes. METHODS A hospital based unmatched case control study was conducted in four zonal hospitals of Tigray region. A total of 954 study participants (318 cases and 636 controls) were taken. Systematic sampling was used to select the cases and controls. Ethical clearance was obtained throughout the study period. RESULTS Out of 954 interviewed mothers, 389 (40.8%) had experienced intimate partner violence during their index pregnancy period. More than two third (68.6%) of cases had been exposed to intimate partner violence. Multivariable logistic regression analysis showed that, women exposed to intimate partner violence during pregnancy were three times more likely to experience low birth weight (AOR = 3.1; CI 95% [1.470,6.618]) and preterm birth (AOR = 2.5; CI 95% [2.198-2.957]). It was observed that women who had been exposed to physical violence during pregnancy were five times more likely to experience low birth weight (AOR = 4.767; CI 95% [2.515, 9.034]) and preterm birth (AOR = 5.3; CI 95%: 3.95-7.094). CONCLUSION AND RECOMMENDATION It was found that the risk of preterm birth and low birth weight was increased when the pregnant women were exposed to more than one type of intimate partner violence and physical violence during pregnancy. Therefore, Efforts to address maternal and newborn health need to include issues of violence against women.

**Database:** Medline

## **7. Inter-partner violence during pregnancy, maternal mental health and birth outcomes in Vietnam: A systematic review**

**Author(s):** Do, Huyen Phuc; Tran, Bach Xuan; Nguyen, Cuong Tat; Vo, Thang Van; Baker, Philip R. A.; Dunne, Michael P.

**Source:** Children and Youth Services Review; Jan 2019; vol. 96 ; p. 255-265

**Publication Date:** Jan 2019

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**Abstract:**Introduction: Intimate partner violence (IPV) is common worldwide and associated with maternal mental disorders and adverse child health outcomes. Research in this field in Vietnam is still nascent, although some substantial studies have emerged in recent years. The objective of this review was to estimate the prevalence of IPV during pregnancy in Vietnam and examine its impact upon women and children at an early age. Methods: We searched seven bibliographic databases (from 1970 to 2018), browsed grey literature sources, and consulted experts. Two review authors independently extracted data and assessed risk of bias with using the Newcastle—Ottawa Quality Assessment Tool for non-randomized studies. A meta-analysis was conducted using the Mantel-Haenszel fixed-effect approach to estimate pooled effect (odds ratio) of Prenatal IPV (P-IPV) on maternal Common Mental Disorder (CMD). Results: The selection process produced eight eligible studies of 4598 participants. Six studies were pooled. The estimated proportions of IPV during pregnancy ranged from 5.9% to 32.5% depending on the form of IPV. P-IPV is strongly associated with greater risk of both mental disorders and adverse birth outcomes (preterm labor and low-birth-weight). The meta-analysis revealed that women exposed to P-IPV have a 4-fold increased risk for prenatal CMD compared to non-abused peers (OR = 3.69, 95% CI (2.51–5.42),  $I^2 = 36\%$ ). Women exposed to physical P-IPV had five-fold increased odds of premature labour, OR = 5.5, 95% CI (2.1–14.1) and almost six-fold increased odds of having low-birth-weight neonates, OR = 5.7, 95% CI (2.2–14.9). Discussion: To improve mother and child well-being in Vietnam, multifaceted health policies should include routine screening for IPV and mental disorders in the antenatal care system. Taken together, the evidence supports calls for national programs in Vietnam to eliminate gender inequality and promote awareness of the serious harms caused by IPV. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

## 8. Effects of intimate partner violence on pregnancy outcome

**Author(s):** Devineni K.; Sodumu N.; Kumari S.S.; Garg R.

**Source:** Journal of SAFOG; 2018; vol. 10 (no. 2); p. 142-148

**Publication Date:** 2018

**Publication Type(s):** Article

Available at [Journal of South Asian Federation of Obstetrics and Gynaecology](#) - from Unpaywall

**Abstract:** Introduction: Intimate partner violence (IPV) is a significant, yet preventable public health problem that affects millions of women regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. The IPV has been associated with poor pregnancy outcomes, such as anemia, still birth, abruption, fetal injury, preterm delivery, and low birth weight. With this background, we did a screening study to assess prevalence, demographic features, and maternal and neonatal outcomes. Material(s) and Method(s): This is a prospective observational study done at the Modern Government Maternity Hospital, Osmania Medical College, Hyderabad, India. About 300 pregnant women admitted for various obstetric reasons during January 2013 and December 2013 and delivered were considered for the study. History and various aspects of domestic violence were obtained with a detailed written pro forma. Descriptive analysis was carried out to summarize relevant variables. Primary outcomes included incidence, risk factors, maternal morbidity, and fetal and neonatal outcome. Result(s): About 114 women (38%) revealed domestic violence, which is very high compared with 0.8% when there was no screening for domestic violence. A total of 186 women showed no history of violence. Demographic features and obstetric outcomes were compared. About 90% women in both groups were economically dependent. About 50% women did not have a right over their reproductive choices. About 33 women faced violence at the time of pregnancy (28.9%). Very strong association between antenatal care booking and partner abuse was observed. About 50% had less than three visits and 64.4% of abusive partners are alcoholic. Gender bias, male child preference, unemployment, and dowry were the other common causes for abuse. Abrupton was seen in 6.14% in the abuse group vs 1.79% in the control group. Preterm labor was 6.14 vs 2.15%. Four women with severe acute maternal morbidity due to IPV and one case of severe sexual violence have been highlighted. Conclusion(s): Domestic violence and IPV are widely prevalent, and what is visible is only the tip of the iceberg. It contributes to a spectrum of maternal and fetal complications. The obstetrician- gynecologist has the unique opportunity to screen for domestic violence, and screening for domestic violence has to be made part of antenatal care. Linking up medical, legal, police, welfare homes, and counseling can go a long way. Millennium development goal (MDG) 3, i.e., gender parity, should be the route to achieve MDG 4 and 5. Copyright © 2018, Jaypee Brothers Medical Publishers (P) Ltd. All rights reserved.

**Database:** EMBASE



### **9. Association between intimate partner violence during pregnancy and maternal pregnancy complications among recently delivered women in Bangladesh**

**Author(s):** Ferdos, Jannatul; Rahman, Md. Mosfequr; Jesmin, Syeda S.; Rahman, Md. Aminur; Sasagawa, Toshiyuki

**Source:** Aggressive Behavior; 2018; vol. 44 (no. 3); p. 294-305

**Publication Date:** 2018

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**PubMedID:** 29417590

Available at [Aggressive behavior](#) - from Wiley Online Library

Available at [Aggressive behavior](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

**Abstract:**Intimate partner violence (IPV), an actual or threatened physical, sexual, or psychological abuse by a current or former partner or spouse, is a common global public health issue. Understanding both the prevalence of IPV during pregnancy and its potential impact on the health of pregnant women is important for the development and implementation of interventions to prevent maternal morbidity and mortality. The purpose of this study was to explore the association between maternal experiences of IPV during pregnancy and pregnancy complications. A health-facility-based cross-sectional study was conducted from July 2015 to April 2016 among 400 randomly selected women who were admitted to the postnatal wards of Rajshahi Medical College Hospital for delivery. Data were collected through face-to-face interviews using a structured questionnaire. Multivariable logistic regressions were performed to assess relationships between variables of interest after controlling for potential confounders. Results indicated that 39.0% of women reported physical IPV and 26.3% of women reported sexual IPV during pregnancy. Additionally, 69.5% of women experienced medical complications (MCs); of this group, 44.3% experienced obstetric complications (OCs) and 79.3% experienced any pregnancy complication (AC) during their last pregnancy. The experience of physical IPV during pregnancy was significantly associated with the experience of MCs (adjusted odds ratio (AOR): 2.05, 95% confidence interval (CI): 1.15–4.01), OCs (AOR: 4.23, 95% CI: 2.01–7.12) and AC (AOR: 5.26, 95% CI: 2.98–10.52). Women who experienced sexual IPV during pregnancy were also at increased risk of suffering from any MC, any OC, and AC. Maternal experience of IPV during pregnancy is positively associated with pregnancy complications. Preventing IPV directed at pregnant women might reduce maternal morbidity and mortality in Bangladesh. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**10. Association of intimate partner violence during pregnancy, prenatal depression, and adverse birth outcomes in Wuhan, China.**

**Author(s):** Yu, Honghui; Jiang, Xueyan; Bao, Wei; Xu, Guifeng; Yang, Rong; Shen, Min

**Source:** BMC pregnancy and childbirth; Dec 2018; vol. 18 (no. 1); p. 469

**Publication Date:** Dec 2018

**Publication Type(s):** Journal Article

**PubMedID:** 30509253

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**BACKGROUND Intimate partner violence (IPV) among pregnant women constitutes a global public health problem and a potential risk factor for adverse maternal and fetal outcomes. The present study aimed to examine the associations among IPV during pregnancy, prenatal depression, and adverse birth outcomes in Wuhan, China. METHODS A cross-sectional study was performed from April 2013 to March 2014 in Wuhan, China. Sociodemographic characteristics, IPV during pregnancy, and depressive symptoms during pregnancy were assessed in the third trimester of pregnancy. Birth outcomes were collected after delivery using medical records. Chi-square tests and logistic regression analysis were used to examine the association between IPV and prenatal depression, as well as the association between IPV combined with prenatal depression and adverse birth outcomes. RESULTS After adjustment for covariates, there was a statistically significant association between IPV during pregnancy and prenatal depression (adjusted odds ratio [aOR] = 2.50, 95% confidence interval [CI]: 1.60-3.90). IPV during pregnancy (aOR = 1.67, 95% CI: 1.08-2.56) and prenatal depression (aOR = 1.72, 95% CI: 1.11-2.68) were significantly associated with adverse birth outcomes. Women experiencing psychological abuse had a significantly higher odds of prenatal depression (aOR = 2.04, 95% CI: 1.19-3.49) and of adverse birth outcomes (aOR = 2.13, 95% CI: 1.08-2.58), compared with women who did not experience IPV and prenatal depression. CONCLUSIONS IPV during pregnancy and prenatal depression were significantly associated with adverse birth outcomes, after adjustment for socio-demographic and behavior factors. The findings suggest that early recognition of IPV and prenatal depression during antenatal care may protect pregnant women and improve birth outcomes.

**Database:** Medline

**11. Does a maternal history of abuse before pregnancy affect pregnancy outcomes? A systematic review with meta-analysis.**

**Author(s):** Nesari, Maryam; Olson, Joanne K; Vandermeer, Ben; Slater, Linda; Olson, David M

**Source:** BMC pregnancy and childbirth; Oct 2018; vol. 18 (no. 1); p. 404

**Publication Date:** Oct 2018

**Publication Type(s):** Meta-analysis Journal Article Systematic Review

**PubMedID:** 30326858

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**BACKGROUND Evidence relating maternal history of abuse before pregnancy with pregnancy outcomes is controversial. This study aims to examine the association between maternal histories of abuse before pregnancy and the risk of preterm delivery and low birth weight. METHODS We searched Subject Headings and keywords for exposure and the outcomes through MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Psycinfo, CINAHL, Scopus, PILOTS, ProQuest Dissertations & Theses Global and Web of Science Core Collection in April 2017. We selected original studies that reported associations between maternal histories of abuse of any type and either preterm delivery or low birth weight. Studies that included interventions during pregnancy to lower maternal stress but reported no control data were excluded. We utilized the Newcastle-Ottawa Quality Assessment Scales for observational studies to assess the risk of bias in the primary studies. Two independent reviewers performed the selection of pertinent studies, assessment of risk of bias, and data extraction. Unadjusted pooled odds ratios (OR) with 95% Confidence Interval (CI) were calculated for the two outcomes of preterm delivery and low birth weight in 16 included studies. RESULTS Maternal history of abuse before pregnancy was significantly associated with preterm delivery (OR 1.28, 95% CI: 1.12-1.47) and low birth weight (OR 1.35, 95% CI: 1.14-1.59). A substantial level of heterogeneity was detected within the two groups of studies reporting preterm birth and low birth weight ( $I^2 = 75\%$  and  $69\%$  respectively). Subgroup analysis based on the specific time of abuse before pregnancy indicated that childhood abuse increases the risk of low birth weight by 57% (95% CI: 0.99-2.49). When the included studies were categorized based on study design, cohort studies showed the highest effect estimates on preterm delivery and low birth weight (OR: 1.69, 95% CI: 1.19-2.40, OR: 1.56, 95% CI: 1.06-2.3, respectively). CONCLUSIONS We recommend that more high quality research studies on this topic are necessary to strengthen the inference. At the practice level, we suggest more attention in detecting maternal history of abuse before pregnancy during antenatal visits and using this information to inform risk assessment for adverse pregnancy outcomes. TRIAL REGISTRATION Registration number: PROSPERO ( CRD42016033231 ).

**Database:** Medline

## **12. Associations between intimate partner violence and reproductive and maternal health outcomes in Bihar, India: a cross-sectional study.**

**Author(s):** Dhar, Diva; McDougal, Lotus; Hay, Katherine; Atmavilas, Yamini; Silverman, Jay; Triplett, Daniel; Raj, Anita

**Source:** Reproductive health; Jun 2018; vol. 15 (no. 1); p. 109

**Publication Date:** Jun 2018

**Publication Type(s):** Journal Article

**PubMedID:** 29921276

Available at [Reproductive health](#) - from BioMed Central

Available at [Reproductive health](#) - from SpringerLink - Medicine

Available at [Reproductive health](#) - from Europe PubMed Central - Open Access

Available at [Reproductive health](#) - from Free Medical Journals . com

Available at [Reproductive health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Reproductive health](#) - from Unpaywall

**Abstract:**BACKGROUND Bihar, India has higher rates of intimate partner violence (IPV) and maternal and infant mortality relative to India as a whole. This study assesses whether IPV is associated with poor reproductive and maternal health outcomes, as well as whether poverty exacerbates any observed associations, among women who gave birth in the preceding 23 months in Bihar, India. METHODS A cross-sectional analysis of data from a representative household sample of mothers of children 0-23 months old in Bihar, India (N = 13,803) was conducted. Associations between lifetime IPV (physical and/or sexual violence) and poor reproductive health outcomes ever (miscarriage, stillbirth, and abortion) as well as maternal complications for the index pregnancy (early and/or prolonged labor complications, other complications during pregnancy or delivery) were assessed using multivariable logistic regression, adjusting for demographics and fertility history of the mother. Models were then stratified by wealth index to determine whether observed associations were stronger for poorer versus wealthier women. RESULTS IPV was reported by 45% of women in the sample. A history of miscarriage, stillbirth, and abortion was reported by 8.7, 4.6, and 1.3% of the sample, respectively. More than one in 10 women (10.7%) reported labor complications during the last pregnancy, and 16.3% reported other complications during pregnancy or delivery. Adjusted regressions revealed significant associations between IPV and miscarriage (AOR = 1.35, 95% CI = 1.11-1.65) and stillbirth (AOR = 1.36, 95% CI = 1.02-1.82) ever, as well as with labor complications (AOR = 1.27, 95% CI = 1.04-1.54) and other pregnancy/delivery complications (AOR = 1.68, 95% CI = 1.42-1.99). Women in the poorest quartile (Quartile 1) saw no associations between IPV and miscarriage (Quartile 1 AOR = 0.98, 95% CI = 0.67-1.45) or stillbirth (Quartile 1 AOR = 1.17, 95% CI = 0.69-1.98), whereas women in the higher wealth quartile (Quartile 3) did see associations between IPV and miscarriage (Quartile 3 AOR = 1.55, 95% CI = 1.07, 2.25) and stillbirth (Quartile 3 AOR = 1.79, 95% CI = 1.04, 3.08). DISCUSSION IPV is highly prevalent in Bihar and is associated with increased risk for miscarriage, stillbirth, and maternal health complications. Associations between IPV and miscarriage and stillbirth do not hold true for the poorest women, possibly because other risks attached to poverty and deprivation may be greater contributors.

**Database:** Medline

### **13. Intimate partner violence, forced first sex and adverse pregnancy outcomes in a sample of Zimbabwean women accessing maternal and child health care**

**Author(s):** Shamu S.; Munjanja S.; Zarowsky C.; Abrahams N.; Shamu P.; Temmerman M.

**Source:** BMC public health; May 2018; vol. 18 (no. 1); p. 595

**Publication Date:** May 2018

**Publication Type(s):** Article

**PubMedID:** 29724216

Available at [BMC public health](#) - from BioMed Central

Available at [BMC public health](#) - from SpringerLink - Medicine

Available at [BMC public health](#) - from Europe PubMed Central - Open Access

Available at [BMC public health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC public health](#) - from Unpaywall

**Abstract:**BACKGROUND: Intimate partner violence (IPV) remains a serious problem with a wide range of health consequences including poor maternal and newborn health outcomes. We assessed the relationship between IPV, forced first sex (FFS) and maternal and newborn health outcomes. METHOD(S): A cross sectional study was conducted with 2042 women aged 15-49 years attending postnatal care at six clinics in Harare, Zimbabwe, 2011. Women were interviewed on IPV while maternal and newborn health data were abstracted from clinic records. We conducted logistic regression models to assess the relationship between forced first sex (FFS), IPV (lifetime, in the last 12 months and during pregnancy) and maternal and newborn health outcomes. RESULT(S): Of the recent pregnancies 27.6% were not planned, 50.9% booked (registered for antenatal care) late and 5.6% never booked. A history of miscarriage was reported by 11.5%, and newborn death by 9.4% of the 2042 women while 8.6% of recent livebirths were low birth weight (LBW) babies. High prevalence of emotional (63.9%, 40.3%, 43.8%), physical (37.3%, 21.3%, 15.8%) and sexual (51.7%, 35.6%, 38.8%) IPV ever, 12 months before and during pregnancy were reported respectively. 15.7% reported forced first sex (FFS). Each form of lifetime IPV (emotional, physical, sexual, physical/sexual) was associated with a history of miscarrying (aOR ranges: 1.26-1.38), newborn death (aOR ranges: 1.13-2.05), and any negative maternal and newborn health outcome in their lifetime (aOR ranges: 1.32-1.55). FFS was associated with a history of a negative outcome (newborn death, miscarriage, stillbirth) (aOR 1.45 95%CI: 1.06-1.98). IPV in the last 12 months before pregnancy was associated with unplanned pregnancy (aOR ranges 1.31-2.02) and booking late for antenatal care. Sexual IPV (aOR 2.09 CI 1.31-3.34) and sexual/physical IPV (aOR 2.13, 95%CI: 1.32-3.42) were associated with never booking for antenatal care. Only emotional IPV during pregnancy was associated with low birth weight (aOR 1.78 95%CI 1.26-2.52) in the recent pregnancy and any recent pregnancy negative outcomes including LBW, premature baby, emergency caesarean section (aOR 1.38, 95%CI: 1.03-1.83). CONCLUSION(S): Forced first sex (FFS) and intimate partner violence (IPV) are associated with adverse maternal and newborn health outcomes. Strengthening primary and secondary violence prevention is required to improve pregnancy-related outcomes.

**Database:** EMBASE

**14. The relationship between intimate partner violence reported at the first antenatal booking visit and obstetric and perinatal outcomes in an ethnically diverse group of Australian pregnant women: a population-based study over 10 years.**

**Author(s):** Dahlen, Hannah Grace; Munoz, Ana Maria; Schmied, Virginia; Thornton, Charlene

**Source:** BMJ open; Apr 2018; vol. 8 (no. 4); p. e019566

**Publication Date:** Apr 2018

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 29695386

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

**Abstract:**OBJECTIVESIntimate partner violence (IPV) is a global health issue affecting mainly women and is known to escalate during pregnancy and impact negatively on obstetric and perinatal outcomes. The aim of this study is to determine the incidence of IPV in a pregnant multicultural population and to determine the relationship between IPV reported at booking interview and maternal and perinatal outcomes.DESIGNThis is a retrospective population-based data study. We analysed routinely collected data (2006-2016) from the ObstetriX system on a cohort of pregnant women.SETTING AND PARTICIPANTS33 542 women giving birth in a major health facility in Western Sydney.PRIMARY OUTCOMESIncidence of IPV, association with IPV and other psychosocial variables and maternal and perinatal outcomes.RESULT4.3% of pregnant women reported a history of IPV when asked during the routine psychosocial assessment. Fifty-four per cent were not born in Australia, and this had increased significantly over the decade. Women born in New Zealand (7.2%) and Sudan (9.1%) were most likely to report IPV at the antenatal booking visit, with women from China and India least likely to report IPV. Women who reported IPV were more likely to report additional psychosocial concerns including Edinburgh Postnatal Depression Scale scores > 13 (7.6%), thoughts of self-harm (2.4%), childhood abuse (23.6%), and a history of anxiety and depression (34.2%). Women who reported IPV were more likely to be Australian born, smoke and be multiparous and to have been admitted for threatened preterm labour (Adjusted Odds Ratio (AOR) 1.8, 95% CI 1.28 to 2.39).CONCLUSIONSA report of IPV at the first antenatal booking visit is associated with a higher level of reporting on all psychosocial risks, higher antenatal admissions, especially for threatened preterm labour. More research is needed regarding the effectiveness of current IPV screening for women from other countries.

**Database:** Medline

**15. Intimate partner violence during pregnancy and its association with preterm birth and low birth weight in Tanzania: A prospective cohort study.**

**Author(s):** Sigalla, Geoffrey Nimrod; Mushi, Declare; Meyrowitsch, Dan Wolf; Manongi, Rachel; Rogathi, Jane Januarius; Gammeltoft, Tine; Rasch, Vibeke

**Source:** PloS one; 2017; vol. 12 (no. 2); p. e0172540

**Publication Date:** 2017

**Publication Type(s):** Journal Article

**PubMedID:** 28235031

Available at [PloS one](#) - from Europe PubMed Central - Open Access

Available at [PloS one](#) - from Public Library of Science (PLoS)

Available at [PloS one](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [PloS one](#) - from Unpaywall

**Abstract:**INTRODUCTIONIntimate partner violence (IPV) is a public health problem that affects millions of women worldwide. The role of violence as an underlying factor in poor birth outcomes remains an area where strong evidence is lacking. The aim of this study was to determine the association between intimate partner violence (IPV) and preterm delivery (PTB) and low birth weight (LBW).MATERIALS AND METHODSA prospective cohort study was conducted among 1112 pregnant women attending antenatal care in Moshi-Tanzania. The women were enrolled before 24 weeks gestation, followed-up at week 34 to determine exposure to violence during pregnancy, and after delivery to estimate gestation age at delivery and birth weight. Logistic regression analysis was performed to assess the association between exposure to IPV during pregnancy and PTB and LBW while adjusting for possible confounders. In addition, stratified analysis based on previous history of adverse pregnancy outcome was performed.RESULTSOne-third of the women experienced IPV during pregnancy, 22.3% reported emotional, 15.4% sexual and 6.3% physical violence. Women exposed to physical IPV were three times more likely to experience PTB (AOR = 2.9; CI 95%: 1.3-6.5) and LBW (AOR = 3.2; CI 95%: 1.3-7.7). Women with previous adverse pregnancy outcomes and exposure to physical IPV had a further increased risk of PTB (AOR = 4.5; CI 95%: 1.5-13.7) and LBW (AOR = 4.8; CI 95%: 1.6-14.8) compared to those without previous history of adverse outcome.CONCLUSIONWomen who are exposed to IPV during pregnancy are at increased risk of PTB and LBW. The risk is even stronger if the women additionally have suffered a previous adverse pregnancy outcome. Interventions addressing IPV are urgently needed to prevent occurrence and reoccurrence of PTB and LBW.

**Database:** Medline



## **16. Effects of Intimate Partner Physical Violence on Newborns' Birth Outcomes Among Jordanian Birthing Women**

**Author(s):** Abujilban S.; Mrayan L.; Al-Modallal H.; Isaa E.

**Source:** Journal of interpersonal violence; Dec 2017; vol. 32 (no. 24); p. 3822-3838

**Publication Date:** Dec 2017

**Publication Type(s):** Article

**PubMedID:** 26345224

Available at [Journal of interpersonal violence](#) - from Unpaywall

**Abstract:**Intimate partner physical violence against women (VAW) during pregnancy is a common experience all over the world. In Jordan, the number is double the reported international average. Data on effect of violence on birth outcomes are important for planning, implementing, and evaluating maternal health programs. The research question was, "Does intimate partner physical VAW during pregnancy increase the risk of negative birth outcomes for newborns among birthing women in Jordan?" Natural experiment design was used for this study. A consecutive sampling technique was used for selecting the victims of physical violence ( n = 79) and a simple random sampling for selecting non-victims ( n = 79). Intimate partner physical violence was measured by using the Arabic version of World Health Organization's (WHO) domestic violence questionnaire, which has an accepted interrater validity. Analysis of covariance (ANCOVA) and chi-square were used to detect the differences in birth outcomes between the victims and non-victims of physical violence. The results showed that there is a significant difference in newborn's birth weight between the victims of violence and non-victims with a small effect size. However, there were no significant differences between the two groups in preterm birth and assisted newborn ventilation. The non-significant effect of violence on the incidence of preterm birth contradicts the published literature. Intimate partner violence (IPV) is rooted in Jordanian culture and widely accepted among married Jordanian women. Midwives, doctors, educators, and policy makers should work together to eradicate violence and detect victims of it, to improve birth outcomes and decrease newborn morbidity and mortality rates.

**Database:** EMBASE



### **17. Effect of intimate partner violence on birth outcomes.**

**Author(s):** Laelago, Tariku; Belachew, Tefera; Tamrat, Meseret

**Source:** African health sciences; Sep 2017; vol. 17 (no. 3); p. 681-689

**Publication Date:** Sep 2017

**Publication Type(s):** Journal Article

**PubMedID:** 29085395

Available at [African health sciences](#) - from Europe PubMed Central - Open Access

**Abstract:**BACKGROUND Violence by intimate partner during pregnancy has many adverse pregnancy outcomes. Thus, that's why we sought to determine association between intimate partner violence during pregnancy and adverse birth outcomes. METHODS A facility based cross-sectional study was conducted among 183 recently delivered women from March 31-April 30, 2014 in public health facilities of Hossana Town. The data were collected through structured questionnaire and record review. Women who were not mentally and physically capable of being interviewed and those admitted for abortion were excluded. Ethical clearance was obtained from Jimma University. Logistic regression analysis was employed to determine the association between intimate partner violence and adverse birth outcomes. RESULTS About 23 % of women experienced intimate partner violence during pregnancy. The result of this study indicated an association of intimate partner violence with low birth weight of the new born (AOR:14.3, 95% CI: (5.03, 40.7). Intimate partner violence was not associated with still birth, pre-term birth and Apgar score less than 7 at 5 minutes. CONCLUSION The findings of this study showed that intimate partner violence during pregnancy was associated with a low birth weight of the new born. Health sectors should train health care providers on how to screen, counsel, treat and follow up abused women.

**Database:** Medline

### **18. Prevalence, risk factors, and complications of violence against pregnant women in a hospital in Peninsular Malaysia**

**Author(s):** Khaironisak H.; Zaleha M.I.; Zaridah S.; Hasanain F.G.

**Source:** Women & health; Sep 2017; vol. 57 (no. 8); p. 919-941

**Publication Date:** Sep 2017

**Publication Type(s):** Article

**PubMedID:** 27636717

**Abstract:** Violence against women is a worldwide public health problem and becomes more crucial when it involves pregnant women. The primary aim of this study was to determine the prevalence of violence against pregnant women (VAPW), while the secondary aim was to identify the factors associated with violence and complications of violence during pregnancy. This was a cross-sectional study conducted in 1,200 postnatal women from March 1, 2015 through August 31, 2015 using a validated Malay Version of the WHO Women's Health and Life Experiences Questionnaire. Data on pregnancy complications were obtained from antenatal records and discharge summaries. The prevalence of any form of VAPW was 35.9%, consisting of: any psychological (29.8%); any physical (12.9%); and any sexual (9.8%) violence. VAPW was significantly associated with: (1) women's use of drugs, having had exposure to violence during childhood, having a violence-supporting attitude, having two or more children; and (2) having partners who were smokers, alcohol drinkers, or had controlling behavior. VAPW was significantly associated with anemia, urinary tract infection, premature rupture of membranes, antepartum hemorrhage, poor weight gain during pregnancy, low birth weight, and prematurity. In conclusion, the high prevalence of violence requires further research on preventive strategies for VAPW.

**Database:** EMBASE

**19. Intimate partner violence and pregnancy: epidemiology and impact**

**Author(s):** Chisholm C.A.; Ferguson J.E.J.; Bullock L.

**Source:** American Journal of Obstetrics and Gynecology; Aug 2017; vol. 217 (no. 2); p. 141-144

**Publication Date:** Aug 2017

**Publication Type(s):** Article

**Abstract:**Intimate partner violence is a significant public health problem in our society, affecting women disproportionately. Intimate partner violence takes many forms, including physical violence, sexual violence, stalking, and psychological aggression. While the scope of intimate partner violence is not fully documented, nearly 40% of women in the United States are victims of sexual violence in their lifetimes and 20% are victims of physical intimate partner violence. Other forms of intimate partner violence are likely particularly underreported. Intimate partner violence has a substantial impact on a woman's physical and mental health. Physical disorders include the direct consequences of injuries sustained after physical violence, such as fractures, lacerations and head trauma, sexually transmitted infections and unintended pregnancies as a consequence of sexual violence, and various pain disorders. Mental health impacts include an increased risk of depression, anxiety, posttraumatic stress disorder, and suicide. These adverse health effects are amplified in pregnancy, with an increased risk of pregnancy outcomes such as preterm birth, low birthweight, and small for gestational age. In many US localities, suicide and homicide are leading causes of pregnancy-associated mortality. We herein review the issues noted previously in greater depth and introduce the basic principles of intimate partner violence prevention. We separately address current recommendations for intimate partner violence screening and the evidence surrounding effectiveness of intimate partner violence interventions. Copyright © 2017 Elsevier Inc.

**Database:** EMBASE

## **20. Correlations between intimate partner violence and spontaneous abortion, stillbirth, and neonatal death in rural Malawi.**

**Author(s):** Rao, Nisha; Norris Turner, Abigail; Harrington, Bryna; Nampondeni, Patrick; Banda, Venson; Norris, Alison

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Jul 2017; vol. 138 (no. 1); p. 74-78

**Publication Date:** Jul 2017

**Publication Type(s):** Journal Article

**PubMedID:** 28387948

Available at [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](#) - from Wiley Online Library

Available at [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](#) - from Unpaywall

**Abstract:**OBJECTIVETo characterize associations between intimate partner violence (IPV) and adverse delivery outcomes among married Malawian women.METHODSIn the present secondary analysis of an ongoing project investigating sexual and reproductive health decision making in rural, Lilongwe District, Malawi, married women who had experienced at least one pregnancy were interviewed between July 15, 2014, and February 25, 2015. Associations between physical IPV experienced with participants' current partners and history of adverse delivery outcomes (spontaneous abortions, stillbirths, and neonatal deaths) were examined using log-binomial regression.RESULTSThe analyses included 792 women. The 166 (21.0%) participants who reported having experienced physical IPV with their current partner were significantly more likely to have a history of adverse delivery outcomes in the unadjusted (prevalence ratio 1.23; 95% confidence interval 1.08-1.41) and adjusted (adjusted prevalence ration 1.19; 95% CI 1.01-1.40) analyses.CONCLUSIONPhysical IPV was reported by a large proportion of participants in the present study and was significantly associated with adverse delivery outcomes. Public health interventions providing physical IPV screening and referral to support services could help improve maternal and child health in Malawi.

**Database:** Medline

## **21. Association between Intimate Partner Violence during Pregnancy and Adverse Pregnancy Outcomes in Vietnam: A Prospective Cohort Study.**

**Author(s):** Hoang, Thanh Nguyen; Van, Toan Ngo; Gammeltoft, Tine; W Meyrowitsch, Dan; Nguyen Thi Thuy, Hanh; Rasch, Vibeke

**Source:** PloS one; 2016; vol. 11 (no. 9); p. e0162844

**Publication Date:** 2016

**Publication Type(s):** Journal Article

**PubMedID:** 27631968

Available at [PloS one](#) - from Europe PubMed Central - Open Access

Available at [PloS one](#) - from Public Library of Science (PLoS)

Available at [PloS one](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [PloS one](#) - from Unpaywall

**Abstract:**BACKGROUND Violence against pregnant women is an increasing public health concern particularly in low- and middle-income countries. The purpose of this study was to measure the association between intimate partner violence (IPV) during pregnancy and the risk of adverse birth outcomes. METHODS Prospective cohort study of 1276 pregnant women in Dong Anh district, Vietnam. Women with gestational age less than 24 weeks were enrolled and interviewed. Repeated interviews were performed at 30-34 weeks gestation to assess experience of IPV during pregnancy and again 48 hours post-delivery to assess the birth outcome including birth weight and gestational age at delivery. RESULTS There was a statistically significant association between exposure to physical violence during pregnancy and preterm birth (PTB) or low birth weight (LBW). After adjustment for age, education, occupation, body mass index (BMI), haemoglobin level, previous adverse pregnancy outcomes, the pregnant women who were exposed to physical violence during pregnancy were five times more likely to have PTB (AOR = 5.5; 95%CI: 2.1-14.1) and were nearly six times more likely to give birth to a child of LBW (AOR = 5.7; 95%CI: 2.2-14.9) as compared to those who were not exposed to physical violence. CONCLUSION Exposure to IPV during pregnancy increases the risk of PTB and LBW. Case-finding for violence in relation to antenatal care may help protect pregnant women and improve pregnancy outcomes.

**Database:** Medline

## **22. Intimate partner violence during pregnancy and the risk for adverse infant outcomes: A systematic review and meta-analysis**

**Author(s):** Donovan B.M.; Schweizer M.L.; Ryckman K.K.; Saftlas A.F.; Spracklen C.N.

**Source:** BJOG: An International Journal of Obstetrics and Gynaecology; 2016

**Publication Date:** 2016

**Publication Type(s):** Article In Press

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Wiley Online Library

**Abstract:**Background: Intimate partner violence (IPV) is of particular concern during pregnancy when not one, but two lives are at risk. Previous meta-analyses have suggested an association between IPV and adverse birth outcomes; however, many large studies have since been published, illustrating the need for updated pooled effect estimates. Objective(s): To evaluate the relationship between IPV during pregnancy and the risk of preterm birth (PTB), low-birthweight (LBW), and small-for-gestational-age (SGA) infants. Search strategy: We searched PubMed and SCOPUS (from inception until May 2015), and the reference lists of the relevant studies. Selection Criteria: Observational studies comparing the rates of at least one adverse birth outcome (SGA, LBW, or PTB) in women who experienced IPV during pregnancy and those who did not. Data Collection and Analysis: Data extracted from 50 studies were pooled and pooled odds ratios were calculated using random-effects models. Main Result(s): Intimate partner violence (IPV) was significantly associated with PTB (OR 1.91, 95% CI 1.60-2.29) and LBW (OR 2.11, 95% CI 1.68-2.65), although a large level of heterogeneity was present for both ( $I^2 = 84$  and  $91\%$ , respectively). The association with SGA was less pronounced and marginally significant (OR 1.37, 95% CI 1.02-1.84), although fewer studies were available for meta-analysis ( $n = 7$ ). Conclusion(s): Our meta-analysis indicates that women who experienced IPV during pregnancy are at increased risk of having a PTB, and an LBW or an SGA infant. More studies examining the association between IPV and SGA are needed. Tweetable Abstract: Meta-analysis of IPV during pregnancy finds increased risk for preterm birth, LBW and SGA infants. Copyright © 2016 RCOG.

**Database:** EMBASE

### **23. Social determinants and maternal exposure to intimate partner violence of obstetric patients with severe maternal morbidity in the intensive care unit: a systematic review protocol.**

**Author(s):** Ayala Quintanilla, Beatriz Paulina; Taft, Angela; McDonald, Susan; Pollock, Wendy; Roque Henriquez, Joel Christian

**Source:** BMJ open; Nov 2016; vol. 6 (no. 11); p. e013270

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**PubMedID:** 27895065

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

**Abstract:**INTRODUCTIONMaternal mortality is a potentially preventable public health issue. Maternal morbidity is increasingly of interest to aid the reduction of maternal mortality. Obstetric patients admitted to the intensive care unit (ICU) are an important part of the global burden of maternal morbidity. Social determinants influence health outcomes of pregnant women. Additionally, intimate partner violence has a great negative impact on women's health and pregnancy outcome. However, little is known about the contextual and social aspects of obstetric patients treated in the ICU. This study aimed to conduct a systematic review of the social determinants and exposure to intimate partner violence of obstetric patients admitted to an ICU.METHODS AND ANALYSISA systematic search will be conducted in MEDLINE, CINAHL, ProQuest, LILACS and SciELO from 2000 to 2016. Studies published in English and Spanish will be identified in relation to data reporting on social determinants of health and/or exposure to intimate partner violence of obstetric women, treated in the ICU during pregnancy, childbirth or within 42 days of the end of pregnancy. Two reviewers will independently screen for study eligibility and data extraction. Risk of bias and assessment of the quality of the included studies will be performed by using the Critical Appraisal Skills Programme (CASP) checklist. Data will be analysed and summarised using a narrative description of the available evidence across studies. This systematic review protocol will be reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA-P) guidelines.ETHICS AND DISSEMINATIONSince this systematic review will be based on published studies, ethical approval is not required. Findings will be presented at La Trobe University, in Conferences and Congresses, and published in a peer-reviewed journal.TRIAL REGISTRATION NUMBERCRD42016037492.

**Database:** Medline

#### **24. A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes.**

**Author(s):** Hill, Amber; Pallitto, Christina; McCleary-Sills, Jennifer; Garcia-Moreno, Claudia

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Jun 2016; vol. 133 (no. 3); p. 269-276

**Publication Date:** Jun 2016

**Publication Type(s):** Meta-analysis Journal Article Review Systematic Review

**PubMedID:** 27039053

Available at [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](#) - from Wiley Online Library

**Abstract:**BACKGROUNDIntimate partner violence (IPV) has a detrimental impact on the lives of women worldwide. Several studies have examined the effect IPV has on adverse birth outcomes when it occurs during pregnancy.OBJECTIVESTo explore the association between IPV and selected adverse birth outcomes.SEARCH STRATEGYMultiple databases were searched to identify studies investigating the association between IPV and low birth weight (LBW), preterm birth, and/or intrauterine growth restriction (IUGR).SELECTION CRITERIAIncluded studies defined the perpetrator of violence as an intimate partner, the type of violence as physical and/or sexual, and the study outcomes as LBW, preterm birth, or IUGR, with violence preceding delivery.DATA COLLECTION AND ANALYSISRandom-effects meta-analysis was used to calculate adjusted/unadjusted odds ratios (ORs). Subanalyses explored the effect of emotional/psychological violence on birth outcomes.MAIN RESULTS Nineteen studies met the inclusion criteria (15 LBW, 12 preterm birth, 4 IUGR). IPV was associated with LBW (OR 1.18, 95% confidence interval 1.05-1.31;  $I(2)=0.70$ ,  $P<0.001$ ) and preterm birth (OR 1.42, 95% confidence interval 1.21-1.63;  $I(2)=0.20$ ,  $P<0.001$ ). No statistically significant association was found for IUGR.CONCLUSIONSThere are associations between IPV and LBW and preterm birth that could be causal.

**Database:** Medline

#### **25. Correlates of Abuse Around the Time of Pregnancy: Results from a National Survey of Canadian Women.**

**Author(s):** Kingston, Dawn; Heaman, Maureen; Urquia, Marcelo; O'Campo, Patricia; Janssen, Patricia; Thiessen, Kellie; Smylie, Janet

**Source:** Maternal and child health journal; Apr 2016; vol. 20 (no. 4); p. 778-789

**Publication Date:** Apr 2016

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 26694044

Available at [Maternal and child health journal](#) - from SpringerLink - Medicine

Available at [Maternal and child health journal](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**OBJECTIVESAlthough several studies have examined risk factors associated with abuse during pregnancy or postpartum periods, many used clinic-based or small regional samples, and few were national or population-based, limiting their generalizability and clinical utility. The purpose of this study was to describe the correlates of abuse around the time of pregnancy among a nationally representative sample of women in Canada.METHODSUsing data from 6421 postpartum women (weighted  $n = 76,500$ ) who completed the Canadian Maternity Experiences Survey from 10/2006 to 01/2007, we explored the association between demographic, psychosocial, behavioral, medical/obstetric factors and 'any' and 'severe' abuse. 'Any abuse' was defined as an affirmative

answer to one or more of 10 items asked about physical or sexual abuse or threats of abuse. 'Severe abuse' was defined as experiencing a combination of threats and physical or sexual abuse. Odds ratios and their 95 % confidence intervals were generated from multivariable logistic regression models. RESULTS 10.5 % of women (weighted n = 8400) reported 'any' abuse and 4.3 % (weighted n = 3400) reported 'severe' abuse in the previous 2 years. Correlates of severe abuse included: age <20 years; household income below the low income cut-off; single; stressful life events; history of depression or antidepressant use; smoking during pregnancy; and alcohol use prior to pregnancy. Correlates of 'any' abuse were the same as 'severe' abuse with the addition of age 20-34 years, developing a new health problem during pregnancy, and inadequate support during pregnancy. Increased odds of 'any' and 'severe' abuse were found for women who self-identified as Aboriginal and reduced odds of 'any' abuse were found among immigrant women and those who took folic acid pre-pregnancy. CONCLUSIONS We identified risk factors that may enhance early detection of abuse in the perinatal period, and inform the development of interventions and preventive strategies to address this important public health problem.

**Database:** Medline

## **26. The association of intimate partner violence with unintended pregnancy and pregnancy loss in Pakistan.**

**Author(s):** Zakar, Rubeena; Nasrullah, Muazzam; Zakar, Muhammad Z; Ali, Hussain

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Apr 2016; vol. 133 (no. 1); p. 26-31

**Publication Date:** Apr 2016

**Publication Type(s):** Journal Article

**PubMedID:** 26797196

Available at [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](#) - from Wiley Online Library

**Abstract:** OBJECTIVE To determine if intimate partner violence (IPV) was associated with unintended pregnancy and pregnancy loss among married women in Pakistan. METHODS A retrospective analysis was conducted using nationally representative cross-sectional secondary data from women of reproductive age who were currently married and had participated in the domestic violence module of the 2012-13 Pakistan Demographic and Health Survey. Unintended pregnancy and pregnancy loss were defined as any mistimed or unwanted pregnancy, and any pregnancy that resulted in spontaneous abortion, induced abortion, or stillbirth, respectively. Associations with IPV were assessed by calculating adjusted odds ratios using logistic regression models. RESULTS Data from 3518 individuals were included. Pregnancy loss had been experienced by 1282 (36.4%) participants and unintended pregnancy was reported by 391 (19.5%) of 2005 individuals this information was available for. In total, 1335 (37.9%) participants reported having ever experienced any form of IPV, including 919 (26.1%), 1112 (31.6%), and 697 (19.8%) participants who had experienced physical, emotional, and both emotional and physical IPV. Significant associations were observed between participants experiencing either physical or emotional IPV, emotional IPV, and both emotional and physical IPV, and unintended pregnancy ( $P=0.017$ ,  $P<0.001$ , and  $P=0.011$ , respectively) and pregnancy loss ( $P=0.002$ ,  $P=0.005$ , and  $P<0.001$ , respectively). CONCLUSIONS There is an urgent need to develop preventive strategies to reduce intramarital IPV and its associated poor health outcomes.

**Database:** Medline



## **27. The Feto-Maternal Health Cost of Intimate Partner Violence Among Delivery-Related Discharges in the United States, 2002-2009.**

**Author(s):** Mogos, Mulubrhan F; Araya, Winta N; Masho, Saba W; Salemi, Jason L; Shieh, Carol; Salihu, Hamisu M

**Source:** Journal of interpersonal violence; Feb 2016; vol. 31 (no. 3); p. 444-464

**Publication Date:** Feb 2016

**Publication Type(s):** Journal Article

**PubMedID:** 25392375

Available at [Journal of interpersonal violence](#) - from Unpaywall

**Abstract:**Our purpose was to estimate the national prevalence of intimate partner violence (IPV) among delivery-related discharges and to investigate its association with adverse feto-maternal birth outcomes and delivery-related cost. A retrospective cross-sectional analysis of delivery-related hospital discharges from 2002 to 2009 was conducted using the Nationwide Inpatient Sample (NIS). We used ICD-9-CM codes to identify IPV, covariates, and outcomes. Multivariable logistic regression modeling was used to calculate adjusted odds ratios (OR) and 95% confidence intervals (CI) for the associations between IPV and each outcome. Joinpoint regression was used for trend analysis. During the study period, 3,649 delivery-related discharges were diagnosed with IPV (11.2 per 100,000; 95% CI = [10.0, 12.4]). IPV diagnosis during delivery is associated with stillbirth (AOR = 4.12, 95% CI = [2.75, 6.17]), preterm birth (AOR = 1.97, 95% CI = [1.59, 2.44]), fetal death (AOR = 3.34, 95% CI = [1.99, 5.61]), infant with poor intrauterine growth (AOR = 1.55, 95% CI = [1.01, 2.40]), and increased inpatient hospital care cost (US\$5,438.2 vs. US\$4,080.1) per each discharge, incurring an additional cost of US\$4,955,707 during the study period. IPV occurring during pregnancy has a significant health burden to both the mother and infant. Education about IPV; screening at periodic intervals, including during obstetric visits; and ongoing clinical care could help to reduce or eliminate adverse effects of pregnancy-related IPV. Preventing the lifelong consequences associated with IPV can have a positive effect on the overall health of all women and delivery-related health care cost.

**Database:** Medline

## **28. Family Violence and Maltreatment of Women During the Perinatal Period: Associations with Infant Morbidity in Indian Slum Communities.**

**Author(s):** Silverman, Jay G; Balaiah, Donta; Decker, Michele R; Boyce, Sabrina C; Ritter, Julie; Naik, D D; Nair, Saritha; Saggurti, Niranjan; Raj, Anita

**Source:** Maternal and child health journal; Jan 2016; vol. 20 (no. 1); p. 149-157

**Publication Date:** Jan 2016

**Publication Type(s):** Research Support, N.i.h., Extramural Journal Article

**PubMedID:** 26440937

Available at [Maternal and child health journal](#) - from SpringerLink - Medicine

Available at [Maternal and child health journal](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Maternal and child health journal](#) - from Unpaywall

**Abstract:**OBJECTIVETo determine the prevalence of non-violent, gender-based forms of maltreatment of women by husbands and in-laws [i.e., gender-based household maltreatment (GBHM)] during pregnancy and postpartum; to clarify the role of GBHM in compromising infant health, and whether this role extends beyond that previously observed for intimate partner violence (IPV).METHODSCross-sectional, quantitative data were collected from women (ages 15-35) seeking

immunizations for their infants <6 months of age (N = 1061) in urban health centers in Mumbai, India. Logistic regression models were constructed to assess associations between maternal abuse (perinatal IPV, in-law violence and GBHM) and recent infant morbidity (diarrhea, respiratory distress, fever, colic and vomiting).RESULTSMore than one in four women (28.4%) reported IPV during their recent pregnancy and/or during the postpartum period, 2.6% reported perinatal violence from in-laws, and 49.0% reported one or more forms of perinatal GBHM. In adjusted regression models that included all forms of family violence and maltreatment, perinatal GBHM remained significantly associated with infant morbidity (AORs 1.4-1.9); perinatal IPV and in-law violence ceased to predict infant morbidity in models including GBHM.CONCLUSIONSFindings indicate that non-violent expressions of gender inequity (e.g., nutritional deprivation, deprivation of sleep, blocking access to health care during pregnancy) are more strongly associated with poor infant health than physical or sexual violence from husbands or in-laws in urban India. These results strongly suggest the need to expand the conception of gender inequities beyond IPV to include non-violent forms of gendered mistreatment in considering their impact on infant health.

**Database:** Medline

## **29. Pregnant mothers' perceptions of how intimate partner violence affects their unborn children.**

**Author(s):** Alhusen, Jeanne L; Wilson, Damali

**Source:** Journal of obstetric, gynecologic, and neonatal nursing : JOGNN; 2015; vol. 44 (no. 2); p. 210-217

**Publication Date:** 2015

**Publication Type(s):** Research Support, N.i.h., Extramural Journal Article

**PubMedID:** 25651808

Available at [Journal of obstetric, gynecologic, and neonatal nursing : JOGNN](#) - from Unpaywall

**Abstract:**OBJECTIVETo explore the perceptions of pregnant women on the experience of intimate partner violence (IPV) as it affects maternal and fetal health.DESIGNSecondary qualitative content analysis.SETTINGIndividual interviews conducted within three urban obstetric and gynecologic clinics.PARTICIPANTSOur sample included a subset of eight pregnant women experiencing IPV during the current pregnancy. Participants were selected from a larger parent study that included qualitative data from 13 women.METHODSWe analyzed in-depth individual interview transcripts in which participants discussed how they perceived IPV to affect their health as well as the health of their unborn children. Constant comparative techniques and conventional content analysis methodology were used in analysis.RESULTSThree themes emerged to illustrate mothers' perceptions of how IPV influenced maternal and fetal outcomes: protection, fetal awareness, and fetal well-being.CONCLUSIONSThis analysis provides important insights into concerns that pregnant women experiencing IPV shared about maternal attachment and fetal well-being. Health care providers can use these findings to better assess the physical and psychological concerns of pregnant women experiencing IPV. Further research is needed to better understand how IPV contributes to adverse neonatal outcomes, particularly from a biological perspective.

**Database:** Medline

**30. Physical violence against pregnant women by an intimate partner, and adverse pregnancy outcomes in Mazandaran Province, Iran.**

**Author(s):** Abdollahi, Fatemeh; Abhari, Farrideh R; Delavar, Mouloud A; Charati, Jamshid Y

**Source:** Journal of family & community medicine; 2015; vol. 22 (no. 1); p. 13-18

**Publication Date:** 2015

**Publication Type(s):** Journal Article

**PubMedID:** 25657606

Available at [Journal of family & community medicine](#) - from Europe PubMed Central - Open Access

Available at [Journal of family & community medicine](#) - from Unpaywall

**Abstract:**BACKGROUND AND AIMViolence against women during pregnancy is linked to poor outcome of pregnancy, which is reported to have widespread in Iran. The aim of this study was to determine the prevalence of physical violence against women by an intimate partner during pregnancy, and to assess the impact of this physical violence on pregnancy outcomes.MATERIALS AND METHODSA prospective cohort study was conducted on the characteristics of pregnant women in urban areas and related violence. The modified standard World Health Organization Domestic Violence Questionnaire was used to classify pregnant women and domestic violence. A total of 1461 pregnant women were selected using cluster sampling. The association between sociodemographic with intimate partner violence (IPV) and IPV with pregnancy outcomes was determined using logistic regression.RESULTSO f these, 206 (14.1%) (confidence interval = 12.3-15.9) reported physical IPV during pregnancy. The adjusted odds ratio for IPV in illiterate women or those with primary level of education (0.001), secondary level education (0.003), and in low income households (0.0001) were significantly higher than in those women with university level education and in higher income households. After adjusting for suspected confounding factors, the women with a history of violence by partners had 1.9 fold risk of premature rupture of membranes, and a 2.9 fold risk of low birth weight compared to women who did not experience any violence from their partners.CONCLUSIONThe results of this research indicated that the prevalence of IPV was high among pregnant women. Therefore, it is necessary to emphasize the screening of pregnant women at Primary Health Centers to prevent physical abuse.

**Database:** Medline

### **31. Intimate partner violence among Egyptian pregnant women: incidence, risk factors, and adverse maternal and fetal outcomes.**

**Author(s):** Ibrahim, Z M; Sayed Ahmed, W A; El-Hamid, S A; Hagra, A M

**Source:** Clinical and experimental obstetrics & gynecology; 2015; vol. 42 (no. 2); p. 212-219

**Publication Date:** 2015

**Publication Type(s):** Journal Article

**PubMedID:** 26054122

**Abstract:**AIMSTo assess incidence and risk factors of intimate partner violence (IPV) during pregnancy among a sample of women from Egypt and to evaluate its impact on maternal and fetal adverse health outcomes.MATERIALS AND METHODSAfter obtaining ethical approval, a total of 1,857 women aged 18 - 43 years completed the study and were investigated using an interview questionnaire. The questionnaire contains five main items: demographic characteristics of women, intimate partner characteristics, assessment of IPV during current pregnancy, and assessment of maternal as well as fetal/neonatal adverse outcomes. Women were also examined to detect signs of violence and identify injuries.RESULTSExposure to IPV during pregnancy was reported among 44.1% of the studied women. Emotional violence was the most common form. Women exposed to violence were of younger age, higher parity, and lower educational level. Their partners were older, less educated, and more likely to be addicted to drugs and alcohol. Women were also found to have significantly higher incidence of adverse pregnancy outcomes (miscarriage, preterm labor, and premature rupture of membrane), and fetal/neonatal adverse outcomes (fetal distress, fetal death, and low birth weight). A total of 297 cases had been exposed to physical violence (15.9%) vs 32.6% and 10% exposed to emotional and sexual violence, respectively. The most common form of physical violence was kicking.CONCLUSIONViolence during pregnancy is prevalent among Egyptian women. Exposure to violence was a significant risk factor for multiple adverse maternal and fetal health outcomes.

**Database:** Medline

### **32. Effect of domestic violence on pregnancy outcome in a metropolis**

**Author(s):** Khan M.M.; Ur Rehman F.; Siddiqui M.M.; Nazir M.I.; Zafar S.; Ch Z.A.; Qadir I.; Anwar S.; Ghanni U.; Liaquat H.

**Source:** Pakistan Journal of Medical and Health Sciences; 2015; vol. 9 (no. 4); p. 1260-1263

**Publication Date:** 2015

**Publication Type(s):** Article

**Abstract:**Violence against women is a public health concern of considerable importance in developed and developing countries. It includes violence on women and children by an intimate partner and by other family members. Women and children are often in great danger in the place where they should be safest: within their families. For many, "home" is where they face a regime of terror and violence at the hands of somebody close to them-somebody they should be able to trust and deserve care and protection. UNICEF Innocenti Research Centre has worked a lot on the issue of domestic violence against women and girls in world. Women continue to suffer from 20% to 50% worldwide from violence varying from country to country. A cross sectional study was carried on in Gynecology ward of Sheikh Zayed Hospital, Jinnah Hospital, General Hospital, Mayo Hospital, Services Hospital, Ganga Ram Hospital and Gynecology clinics in rural areas with data analyzed using SPSS. Differences be considered statistically significant at  $P < 0.05$ .

**Database:** EMBASE

### 33. Intimate partner violence and repeat induced abortion in Italy: A cross sectional study

**Author(s):** Citernes, Angela; Dubini, Valeria; Uglietti, Anna; Ricci, Elena; Cipriani, Sonia; Parazzini, Fabio

**Source:** The European Journal of Contraception and Reproductive Health Care; Sep 2015; vol. 20 (no. 5); p. 344-349

**Publication Date:** Sep 2015

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**PubMedID:** 25555034

**Abstract:**Objective: To investigate the impact of intimate partner violence (IPV) on the risk of repeat induced abortion (RIA), we compared IPV history among women with and without previous induced abortion (IA). Methods: All consecutive women aged 18 years or more requiring IA in 12 Italian abortion clinics were eligible for inclusion in the study. They were asked to fill in an anonymous, self-developed questionnaire assessing sociodemographic data and their history of different types of violence and related risk factors. Results: The analysis included 1030 women, 624 (60.6%) of whom reported a previous IA. Past or current IPV was reported by 19.3%: 7.0% reported sexual violence, 11.3% physical abuse and 12.1% psychological abuse. Past or current IPV was reported by 22.3% of women with RIA and 14.8% of those undergoing their first IA (adjusted odds ratio 1.57, 95% confidence interval 1.07–2.30; p 0.02). When we considered sexual, psychological and physical abuse separately, we found that any kind of abuse was more frequent in women with RIA than in women with no previous IA. Conclusion: This study underlines the impact of IPV on the risk of RIA and suggests the need for screening for IPV among women requiring abortion, in order to identify women at risk of RIA and to improve their general and reproductive health. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### 34. Domestic violence, marital control, and family planning, maternal, and birth outcomes in Timor-Leste.

**Author(s):** Meiksin, Rebecca; Meekers, Dominique; Thompson, Susan; Hagopian, Amy; Mercer, Mary Anne

**Source:** Maternal and child health journal; Jun 2015; vol. 19 (no. 6); p. 1338-1347

**Publication Date:** Jun 2015

**Publication Type(s):** Journal Article

**PubMedID:** 25480470

Available at [Maternal and child health journal](#) - from SpringerLink - Medicine

Available at [Maternal and child health journal](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Maternal and child health journal](#) - from Unpaywall

**Abstract:**Patriarchal traditions and a history of armed conflict in Timor-Leste provide a context that facilitates violence against women. More than a third of ever-married Timorese women report physical and/or sexual domestic violence (DV) perpetrated by their most recent partner. DV violates women's rights and may threaten their reproductive health. Marital control may also limit women's reproductive control and healthcare access. Our study investigated relationships between DV and marital control and subsequent family planning, maternal healthcare, and birth outcomes in Timor-Leste. Using logistic regression, we examined 2009-2010 Demographic and Health Survey data from a nationally representative sample of 2,951 women in Timor-Leste. We controlled for age, education, and wealth. We limited our analyses of pregnancy- and birth-related outcomes to those

from the 6 months preceding the survey. Rural women with controlling husbands were less likely than other rural women to have an unmet need for family planning (Adj. OR 0.6; 95 % CI 0.4-0.9). Rural women who experienced DV were more likely than other rural women to have an unplanned pregnancy (Adj. OR 2.6; 95 % CI 1.4-4.8), fewer than four antenatal visits (Adj. OR 2.3; 95 % CI 1.1-4.9), or a baby born smaller than average (Adj. OR 3.1; 95 % CI 1.4-6.7). DV and marital control were not associated with the tested outcomes among urban women. Given high rates of DV internationally, our findings have important implications. Preventing DV may benefit both women and future generations. Furthermore, rural women who experience DV may benefit from targeted interventions that mediate associated risks of negative family planning, maternal healthcare, and birth outcomes.

**Database:** Medline

### **35. The impact of violence against women on reproductive health and child mortality in Timor-Leste.**

**Author(s):** Taft, Angela J; Powell, Rhonda L; Watson, Lyndsey F

**Source:** Australian and New Zealand journal of public health; Apr 2015; vol. 39 (no. 2); p. 177-181

**Publication Date:** Apr 2015

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 25715972

**Abstract:**OBJECTIVE To determine differences in reproductive health and infant and child mortality and health between abused and non-abused ever-married women in Timor-Leste. METHODS Secondary data analysis of Timor-Leste Demographic Health Survey (1,959 ever-married women aged 15-49 years). Associations with violence estimated using multinomial logistic regression adjusted for sociodemographic variables and age of first intercourse. RESULTS Overall, 45% of ever-married women experienced violence: 34% reported physical only and 11% reported combined physical, sexual and/or emotional violence. Compared to non-abused women, women reporting physical violence only were more likely to use traditional contraception (AdjOR 2.35, 95%CI 1.05-5.26) or report: a sexually transmitted infection (AdjOR 4.46, 95%CI 3.27-6.08); a pregnancy termination (AdjOR 1.42, 95%CI 1.03-1.96); a child who had died (AdjOR 1.30, 95%CI 1.05-1.60), a low birth weight infant (AdjOR 2.08, 95%CI 1.64-2.64); and partially vaccinated children (AdjOR 1.35, 95%CI 1.05-1.74). Women who reported combined abuse were more likely to report: a sexually transmitted infection (AdjOR 3.51, 95%CI 2.26-5.44); a pregnancy termination (AdjOR 1.95, 95%CI 1.27-3.01); few antenatal visits (AdjOR 1.76 95%CI 1.21-2.55); and a child who had died (AdjOR 1.45, 95%CI 1.06-2.00). CONCLUSIONS Violence exposes women to poor reproductive health, infant and child mortality and poor infant and child health. IMPLICATIONS Preventing and reducing violence against women should improve women and children's health outcomes in Timor-Leste.

**Database:** Medline

### **36. Intimate partner violence during pregnancy: maternal and neonatal outcomes.**

**Author(s):** Alhusen, Jeanne L; Ray, Ellen; Sharps, Phyllis; Bullock, Linda

**Source:** Journal of women's health (2002); Jan 2015; vol. 24 (no. 1); p. 100-106

**Publication Date:** Jan 2015

**Publication Type(s):** Journal Article

**PubMedID:** 25265285

Available at [Journal of women's health \(2002\)](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of women's health \(2002\)](#) - from Unpaywall

**Abstract:**The effects of intimate partner violence (IPV) on maternal and neonatal outcomes are multifaceted and largely preventable. During pregnancy, there are many opportunities within the current health care system for screening and early intervention during routine prenatal care or during episodic care in a hospital setting. This article describes the effects of IPV on maternal health (e.g., insufficient or inconsistent prenatal care, poor nutrition, inadequate weight gain, substance use, increased prevalence of depression), as well as adverse neonatal outcomes (e.g., low birth weight [LBW]), preterm birth [PTB], and small for gestational age [SGA]) and maternal and neonatal death. Discussion of the mechanisms of action are explored and include: maternal engagement in health behaviors that are considered "risky," including smoking and alcohol and substance use, and new evidence regarding the alteration of the hypothalamic-pituitary-adrenal axis and resulting changes in hormones that may affect LBW and SGA infants and PTB. Clinical recommendations include a commitment for routine screening of IPV in all pregnant women who present for care using validated screening instruments. In addition, the provision of readily accessible prenatal care and the development of a trusting patient-provider relationship are first steps in addressing the problem of IPV in pregnancy. Early trials of targeted interventions such as a nurse-led home visitation program and the Domestic Violence Enhanced Home Visitation Program show promising results. Brief psychobehavioral interventions are also being explored. The approach of universal screening, patient engagement in prenatal care, and targeted individualized interventions has the ability to reduce the adverse effects of IPV and highlight the importance of this complex social disorder as a top priority in maternal and neonatal health.

**Database:** Medline

**37. Association between domestic violence and miscarriage: a population-based cross-sectional study among women of childbearing ages, Sivas, Turkey.**

**Author(s):** Nur, Naim

**Source:** Women & health; 2014; vol. 54 (no. 5); p. 425-438

**Publication Date:** 2014

**Publication Type(s):** Journal Article

**PubMedID:** 24795047

**Abstract:**Violence against women is a global issue, with ramifications for the reproductive health of women. The current study examined the relation of domestic violence (DV) to miscarriage among women who were victimized during their last pregnancy. The study was conducted in Sivas city center, in Turkey. Associations between self-reported DV and miscarriage were analyzed using multiple regression modeling. Physical and/or sexual DV during the last pregnancy was reported by 10.0% and 6.2% of women, respectively. Women who experienced physical violence were 2.5 times as likely (Odds Ratio (OR) = 2.47, 95% confidence interval [CI]: 1.37-4.84,  $p = .003$ ) to have experienced a miscarriage than women who did not report physical violence. These findings suggest that victims who experience physical violence during the last pregnancy may be more likely to experience miscarriage. Preventing DV, especially physical violence, may, therefore, be beneficial for avoiding adverse pregnancy outcomes.

**Database:** Medline

**38. Psychological intimate partner violence during pregnancy and birth outcomes: threat of violence versus other verbal and emotional abuse.**

**Author(s):** Gentry, Jacqueline; Bailey, Beth A

**Source:** Violence and victims; 2014; vol. 29 (no. 3); p. 383-392

**Publication Date:** 2014

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 25069144

Available at [Violence and victims](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**Although physical abuse during pregnancy has been linked to poor birth outcomes, the role of psychological abuse is less well understood. Associations between birth outcomes and types of psychological abuse during pregnancy (being threatened, screamed at, or insulted) were examined in 489 women with no history of physical abuse. Being threatened was significantly associated with adverse birth outcomes, with women reporting any instance during pregnancy twice as likely to deliver a low birth weight baby. These results remained after controlling for background factors. Finally, most of the variance between threats and birth weight was accounted for by mediating health behaviors (specifically prenatal care utilization and pregnancy weight gain), suggesting pathways for the negative effects of being threatened by an intimate partner during pregnancy.

**Database:** Medline



### **39. Impact of psychological violence on pregnancy outcomes in a prospective study.**

**Author(s):** Abdollahi, Fatemeh; Rezaie Abhari, Farideh; Yazdani Charati, Jamshid; Rouhani, Samad

**Source:** Iranian journal of psychiatry and behavioral sciences; 2014; vol. 8 (no. 3); p. 22-27

**Publication Date:** 2014

**Publication Type(s):** Journal Article

**PubMedID:** 25780371

Available at [Iranian journal of psychiatry and behavioral sciences](#) - from PubMed

**Abstract:**OBJECTIVEViolence during pregnancy has been associated with adverse pregnancy outcomes. This study aimed to explore the link between psychological violence (PSV) and pregnancy outcomes in terms of maternal and birth for the first time in women attending Mazandaran University of Medical Sciences (MUMS) primary health centers (PHCs) in Iran.METHODSProspective cohort of 1461 pregnant women exposed and non-exposed to PSV was followed until the pregnancy outcome. Modified Intimate Partner Violence, demographic and pregnancy outcomes questionnaires were administered face-to-face. Logistic regression analysis was down to estimate independent effects of the PSV on pregnancy outcomes.RESULTSMore than half of the women (69.9%) reported PSV during pregnancy. The differences between the two groups in reference with pregnancy complication did not reach statistical significance. Premature rupture of membrane was the only outcome that was independently associated with PSV.CONCLUSIONPSV in pregnancy was frequent in our study. Although the lack of adverse pregnancy outcome following PSV was observed in this study, intervention is required to prevent the effect of violence on women and child health.

**Database:** Medline

### **40. Intimate partner violence increases adverse outcomes at birth and in early infancy.**

**Author(s):** Pavey, Ashleigh R; Gorman, Gregory H; Kuehn, Devon; Stokes, Theophil A; Hisle-Gorman, Elizabeth

**Source:** The Journal of pediatrics; Nov 2014; vol. 165 (no. 5); p. 1034-1039

**Publication Date:** Nov 2014

**Publication Type(s):** Journal Article

**PubMedID:** 25128162

Available at [The Journal of pediatrics](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

**Abstract:**OBJECTIVETo determine the effect of intimate partner violence (IPV) on birth outcomes and infant hospitalization.STUDY DESIGNHospitalization records for the first 4 months of life for infants born in the Military Health System in 2006-2007 were linked to Family Advocacy Program-substantiated cases of IPV among military parents. Adverse outcomes were identified using International Classification of Diseases, Ninth Revision codes. Logistic regression modeling calculated the OR of children exposed to IPV experiencing adverse outcomes.RESULTSA total of 204,546 infants were born during the study period. Among these, 173,026 infants (85%) were linked to active duty military parents. 31,603 infants (18%) experienced adverse outcomes, and 3059 infants (1.8%) were born into families with IPV. The infants exposed to IPV had a 31% increased odds of experiencing adverse outcomes compared with infants without known IPV exposure. IPV exposure increased the odds of the following outcomes: prematurity (OR, 1.45; 95% CI, 1.29-1.62), low birth weight (OR, 1.57; 95% CI, 1.25-1.97), respiratory problems (OR, 1.17; 95% CI, 1.04-1.32), neonatal hospitalization (OR, 1.39; 95% CI, 1.20-1.61), and postneonatal hospitalization (OR, 1.52; 95% CI, 1.29-1.81). After controlling for prematurity and demographic variables, IPV exposure was associated with low birth

weight (OR, 1.52; 95% CI, 1.16-1.99), neonatal hospitalization (OR, 1.24; 95% CI, 1.02-1.49), and postneonatal hospitalization (OR, 1.27; 95% CI, 1.03-1.56).CONCLUSIONInfants exposed to IPV are more likely to experience adverse birth outcomes and infant hospitalization. Routinely addressing IPV during prenatal and early pediatric visits may potentially prevent these adverse outcomes.

**Database:** Medline

#### **41. Intimate partner violence during pregnancy and adverse neonatal outcomes in low-income women**

**Author(s):** Alhusen J.L.; Sharps P.; Comstock E.; Campbell J.; Bullock L.; Schminkey D.

**Source:** Journal of Women's Health; Nov 2014; vol. 23 (no. 11); p. 920-926

**Publication Date:** Nov 2014

**Publication Type(s):** Article

**PubMedID:** 25290007

Available at [Journal of women's health \(2002\)](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of women's health \(2002\)](#) - from Unpaywall

**Abstract:**Background: Intimate partner violence (IPV) affects an estimated 1.5 million U.S. women annually. IPV impacts maternal and neonatal health with higher rates of depression and low birth weight (LBW). Less studied is experiencing IPV and delivering a small for gestational age (SGA) baby. SGA neonates are at increased risk of developmental and behavioral problems. The negative sequelae persist into adulthood with increased rates of diabetes mellitus and coronary heart disease. Method(s): In a sample of 239 pregnant women experiencing IPV, in urban and rural settings, we examined cross-sectional associations of severity of IPV and neonatal outcomes (i.e., birth weight and gestational age). Severity of IPV was measured by the Conflict Tactics Scale 2 and neonatal outcomes were collected at the time of delivery. Result(s): Outcomes were collected on 194 neonates; 14.9% (n=29) were classified as LBW, 19.1% (n=37) classified as SGA, and 9.8% (n=19) as LBW and SGA. Women reporting higher severity of IPV during pregnancy had a greater likelihood of delivering an SGA neonate (odds ratio [OR] 4.81; 95% confidence interval [95% CI] 1.86-12.47), and LBW neonate (OR 4.20; 95% CI 1.46-12.10). Conclusion(s): In a sample of pregnant women experiencing perinatal IPV, women experiencing greater severities of IPV were more likely to deliver a neonate with an adverse outcome. Early recognition and intervention of IPV is essential to reduce disparities in birth outcomes and long-term health outcomes for these neonates.Copyright © Mary Ann Liebert, Inc. 2014.

**Database:** EMBASE

#### **42. Intimate Partner Physical and Sexual Violence and Outcomes of Unintended Pregnancy Among National Samples of Women From Three Former Soviet Union Countries.**

**Author(s):** Ismayilova, Leyla; El-Bassel, Nabila

**Source:** Violence against women; Jun 2014; vol. 20 (no. 6); p. 633-652

**Publication Date:** Jun 2014

**Publication Type(s):** Journal Article

**PubMedID:** 25011673

Available at [Violence against women](#) - from Unpaywall

**Abstract:**The article examines the relationship between intimate partner violence (IPV) and unintended pregnancy among nationally representative samples of women in three former Soviet Union countries. Women who experienced physical and/or sexual IPV from their current or most recent husband or living together partner demonstrated higher risks of unintended last pregnancy, either terminated through abortion (in Azerbaijan, Moldova, and Ukraine) or resulting in unintended live birth (in Ukraine). IPV prevention components should be integrated into reproductive health programs to reduce the risk of unintended births and abortions among women living with abusive partners in these former Soviet Union countries.

**Database:** Medline

#### **43. Maternal outcomes of intimate partner violence during pregnancy: study in Iran.**

**Author(s):** Hassan, M; Kashanian, M; Roohi, M; Yousefi, H

**Source:** Public health; May 2014; vol. 128 (no. 5); p. 410-415

**Publication Date:** May 2014

**Publication Type(s):** Research Support, Non-u.s. Gov't Multicenter Study Journal Article

**PubMedID:** 24656724

**Abstract:****OBJECTIVE**To investigate the prevalence of intimate partner violence (IPV) against pregnant women and its relationship with adverse maternal outcomes, including preterm labour, abortion, caesarean section, antenatal hospitalization and vaginal bleeding, in the West Azerbaijan, Iran.**STUDY DESIGN**Cross-sectional design.**METHODS**In total, 1300 pregnant women, aged 18-39 years, who were referred to hospitals in the Iranian cities of Miandoab and Mahabad in the province of West Azerbaijan in 2009-2010 were recruited for this study by a convenience sampling method. Participants were asked to share their experiences of IPV during pregnancy and adverse maternal outcomes.**RESULTS**Of these pregnant women, 945 (72.8%) reported that they had experienced IPV during their last pregnancy. A significant association was found between IPV and preterm labour [adjusted odds ratio (adjOR) 1.54, 95% confidence interval (CI) 1.16-2.03], caesarean section (adjOR 11.84, 95% CI 6.37-22.02), antenatal hospitalization (adjOR 6.34, 95% CI 3.82-10.52) and vaginal bleeding (adjOR 1.51, 95% CI 0.9-2.3).**DISCUSSION**This study demonstrated a high prevalence of IPV during pregnancy, and found that IPV was associated with adverse maternal outcomes including preterm labour, caesarean section, antenatal hospitalization and vaginal bleeding. This adds to the existing literature and can be used to inform healthcare practices in developing countries. Medical, health and surgical services for pregnant women should consider screening for IPV, and providers should be aware that IPV victims are at increased risk for adverse outcomes. Services should also develop links with the Battered Women's Movement; such programmes now exist in many countries.

**Database:** Medline

#### **44. Physical violence during pregnancy and pregnancy outcomes in Ghana.**

**Author(s):** Pool, Michelle Sharon; Otupiri, Easmon; Owusu-Dabo, Ellis; de Jonge, Ank; Agyemang, Charles

**Source:** BMC pregnancy and childbirth; Feb 2014; vol. 14 ; p. 71

**Publication Date:** Feb 2014

**Publication Type(s):** Journal Article

**PubMedID:** 24528555

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**BACKGROUND In pregnancy, violence can have serious health consequences that could affect both mother and child. In Ghana there are limited data on this subject. We sought to assess the relationship between physical violence during pregnancy and pregnancy outcomes (early pregnancy loss, perinatal mortality and neonatal mortality) in Ghana. METHOD The 2008 Ghana Demographic and Health Survey data were used. For the domestic violence module, 2563 women were approached of whom 2442 women completed the module. After excluding missing values and applying the weight factor, 1745 women remained. Logistic regression analysis was performed to assess the relationship between physical violence in pregnancy and adverse pregnancy outcomes with adjustments for potential confounders. RESULTS About five percent of the women experienced violence during their pregnancy. Physical violence in pregnancy was positively associated with perinatal mortality and neonatal mortality, but not with early pregnancy loss. The differences remained largely unchanged after adjustment for age, parity, education level, wealth status, marital status and place of residence: adjusted odds ratios were 2.32; 95% CI: 1.34-4.01 for perinatal mortality, 1.86; 95% CI: 1.05-3.30 for neonatal mortality and 1.16; 95% CI: 0.60-2.24 for early pregnancy loss. CONCLUSION Our findings suggest that violence during pregnancy is related to adverse pregnancy outcomes in Ghana. Major efforts are needed to tackle violence during pregnancy. This can be achieved through measures that are directed towards the right target groups. Measures should include education, empowerment and improving socio-economic status of women.

**Database:** Medline

**45. Maternal and fetal outcomes of intimate partner violence associated with pregnancy in the Latin American and Caribbean region.**

**Author(s):** Han, Alice; Stewart, Donna E

**Source:** International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Jan 2014; vol. 124 (no. 1); p. 6-11

**Publication Date:** Jan 2014

**Publication Type(s):** Research Support, Non-u.s. Gov't Research Support, N.i.h., Extramural Journal Article Review Systematic Review

**PubMedID:** 24182684

Available at [International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics](#) - from Wiley Online Library

**Abstract:**BACKGROUNDVery high rates of intimate partner violence during pregnancy (IPV-P) are reported in Latin America and the Caribbean (LAC) but data on prevalence and obstetric-related outcomes are limited.OBJECTIVESTo conduct a literature review on risk factors, prevalence, and adverse obstetric-related outcomes of IPV-P in LAC.SEARCH STRATEGYSystematic review of studies in MEDLINE (1946-2012) and LILACS (1982-2012), and hand searching of reference lists of included studies. Search terms were variations of partner abuse and pregnancy in LAC.SELECTION CRITERIAStudies were excluded if they did not include IPV-P prevalence or if the perpetrator was not an intimate partner.DATA COLLECTION AND ANALYSISStudy quality was assessed via US Preventive Services Task Force criteria.MAIN RESULTSIn the 31 studies included, prevalence rates ranged from 3% to 44%. IPV-P was significantly associated with unintended pregnancies and adverse maternal (depression, pregnancy-related symptom distress, inadequate prenatal care, vaginal bleeding, spontaneous abortion, gestational weight gain, high maternal cortisol, hypertension, pre-eclampsia, STIs) and infant (prematurity, low birth weight, neonatal complications, stillbirth) outcomes (grade II-2 and 3 evidence).CONCLUSIONSIPV-P is highly prevalent in LAC, with poor obstetric-related outcomes. Clinicians must identify women experiencing IPV-P and institute appropriate interventions and referrals to avoid its deleterious consequences.

**Database:** Medline

**46. Risk of spontaneous preterm birth in relation to maternal exposure to intimate partner violence during pregnancy in Peru**

**Author(s):** Sanchez, Sixto E.; Alva, Andrea V.; Chang, Guillermo Diez; Qiu, Chungfang; Yanez, David; Gelaye, Bizu; Williams, Michelle A.

**Source:** Maternal and Child Health Journal; Apr 2013; vol. 17 (no. 3); p. 485-492

**Publication Date:** Apr 2013

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**PubMedID:** 22527763

Available at [Maternal and child health journal](#) - from SpringerLink - Medicine

Available at [Maternal and child health journal](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Maternal and child health journal](#) - from Unpaywall

**Abstract:**Intimate partner violence (IPV) is increasingly recognized as an important cause of maternal and perinatal morbidity. We assessed the relation between IPV and risk of spontaneous preterm birth (PTB) among Peruvian women. The study was conducted among 479 pregnant women who delivered a preterm singleton infant (<37 weeks gestation) and 480 controls (≥37 weeks gestation). Participants' exposure to physical and emotional violence during pregnancy was collected during in-person interviews conducted after delivery and while patients were in hospital. Odds ratios (aOR) and 95 % confidence intervals (CI) were estimated from logistic regression models. The prevalence of any IPV during pregnancy was 52.2 % among cases and 34.6 % among controls. Compared with those reporting no exposure to IPV during pregnancy, women reporting any exposure had a 2.1-fold increased risk of PTB (95 % CI 1.59–2.68). The association was attenuated slightly after adjusting for maternal age, pre-pregnancy weight, and other covariates (OR = 1.99; 95 % CI 1.52–2.61). Emotional abuse in the absence of physical violence was associated with a 1.6-fold (95 % CI 1.21–2.15) increased risk of PTB. Emotional and physical abuse during pregnancy was associated with a 4.7-fold increased risk of PTB (95 % CI 2.74–7.92). Associations of similar directions and magnitudes were observed when PTB were sub-categorized according to clinical presentation or severity. IPV among pregnant women is common and is associated with an increased risk of PTB. Our findings and those of others support recent calls for coordinated global health efforts to prevent violence against women. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

#### **47. Intimate partner violence and the association with very preterm birth**

**Author(s):** Watson, Lyndsey F.; Taft, Angela J.

**Source:** Birth: Issues in Perinatal Care; Mar 2013; vol. 40 (no. 1); p. 17-23

**Publication Date:** Mar 2013

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**PubMedID:** 24635420

Available at [Birth \(Berkeley, Calif.\)](#) - from Wiley Online Library

**Abstract:**Background: Intimate partner violence is a major public health problem. It occurs commonly in pregnancy, resulting in adverse events for women and their fetus or children. The objective of this study was to examine the association between intimate partner violence and very preterm birth. Methods: This population-based, case-control study was conducted in Victoria, Australia, from 2002 to 2004. Interviews were conducted with 603 women who had a singleton very preterm birth (20–31 weeks' gestation), 770 women who had a singleton term birth (37 or more completed weeks' gestation), 139 women who had a very preterm twin birth, and 214 women who had a term twin birth. Intimate partner violence was measured using the Composite Abuse Scale, and questions were also asked about fear of partners and violence from others. Results: Prevalence of intimate partner violence in the past 12 months was 14.9 percent in singleton case women, 11.7 percent in singleton control women, 9.5 percent in twin case women, and 14.7 percent in twin control women. Fear of a previous partner and reporting similar violence experience with someone else were more likely in singleton births (AOR = 1.36; 95% CI 1.03, 1.79) and (AOR = 1.44; 95% CI 1.12, 1.86), respectively. No differences between twin case women and twin control women were observed. When the precipitating cause of very preterm birth was investigated, antepartum hemorrhage was significantly associated with intimate partner violence and all its subscales. Conclusions: The heterogeneity of causes of very preterm birth may explain the lack of association found with intimate partner violence in pregnancy. Pregnant women have a significant risk of intimate partner violence, which should be a serious concern for all care providers. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**48. Are survivors of intimate partner violence more likely to experience complications around delivery? Evidence from a national Bangladeshi sample.**

**Author(s):** Rahman, Mosiur; Nakamura, Keiko; Seino, Kaoruko; Kizuki, Masashi

**Source:** The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception; Feb 2013; vol. 18 (no. 1); p. 49-60

**Publication Date:** Feb 2013

**Publication Type(s):** Journal Article

**PubMedID:** 23286222

**Abstract:**OBJECTIVE To estimate (i) lifetime prevalence of physical and sexual intimate partner violence (IPV) and (ii) associations of development of complications around delivery and IPV. METHODS We used data from the 2007 Bangladesh Demographic Health Survey. The analyses were based on the responses of 2001 currently married women having a child younger than five years. Exposure was determined from maternal reports of physical and sexual IPV. Experience of complications around delivery was the main outcome variable of interest. RESULTS More than half (53%) of the women had experienced IPV. IPV of any type (adjusted odds ratio [AOR]: 1.86; 95% confidence interval [CI]: 1.35-2.56) was associated with development of complications, as was physical IPV only (AOR: 1.63; 95% CI: 1.14-2.33), sexual IPV only (AOR: 2.0; 95% CI: 1.01-3.99), and both types of IPV (AOR: 2.43; 95% CI: 1.55-3.79). There was a dose-response relationship between the number of varieties of physical IPV suffered and complications developing. CONCLUSION Experience of IPV is an important risk marker for the development of complications around delivery. Our findings underscore the calls for protecting women from all forms of physical and sexual violence from their husbands as part of the interventions to reduce the risk of complications supervening around delivery. They should be considered a public health research priority.

**Database:** Medline



**49. Induced abortion, pregnancy loss and intimate partner violence in Tanzania: A population based study**

**Author(s):** Stockl H.; Filippi V.; Watts C.; Mbwapbo J.K.K.

**Source:** BMC Pregnancy and Childbirth; Mar 2012 ; p. 12

**Publication Date:** Mar 2012

**Publication Type(s):** Article In Press

**PubMedID:** 22390254

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**Background: Violence by an intimate partner is increasingly recognized as an important public and reproductive health issue. The aim of this study is to investigate the extent to which physical and/or sexual intimate partner violence is associated with induced abortion and pregnancy loss from other causes and to compare this with other, more commonly recognized explanatory factors. Method(s): This study analyzes the data of the Tanzania section of the WHO Multi-Country Study on Women's Health and Domestic Violence, a large population-based cross-sectional survey of women of reproductive age in Dar es Salaam and Mbeya, Tanzania, conducted from 2001 to 2002. All women who answered positively to at least one of the questions about specific acts of physical or sexual violence committed by a partner towards her at any point in her life were considered to have experienced intimate partner violence. Associations between self reported induced abortion and pregnancy loss with intimate partner violence were analysed using multiple regression models. Result(s): Lifetime physical and/or sexual intimate partner violence was reported by 41% and 56% of ever partnered, ever pregnant women in Dar es Salaam and Mbeya respectively. Among the ever pregnant, ever partnered women, 23% experienced involuntary pregnancy loss, while 7% reported induced abortion. Even after adjusting for other explanatory factors, women who experienced intimate partner violence were 1.6 (95%CI: 1.06,1.60) times more likely to report a pregnancy loss and 1.9 (95%CI: 1.30,2.89) times more likely to report an induced abortion. Intimate partner violence had a stronger influence on induced abortion and pregnancy loss than women's age, socio-economic status, and number of live born children. Conclusion(s): Intimate partner violence is likely to be an important influence on levels of induced abortion and pregnancy loss in Tanzania. Preventing intimate partner violence may therefore be beneficial for maternal health and pregnancy outcomes.

**Database:** EMBASE

**50. Intimate partner violence and its association with pregnancy loss and pregnancy planning.**

**Author(s):** Stöckl, Heidi; Hertlein, Linda; Himsl, Isabelle; Delius, Maria; Hasbargen, Uwe; Friese, Klaus; Stöckl, Doris

**Source:** Acta obstetricia et gynecologica Scandinavica; Jan 2012; vol. 91 (no. 1); p. 128-133

**Publication Date:** Jan 2012

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 21880025

Available at [Acta obstetricia et gynecologica Scandinavica](#) - from Wiley Online Library

**Abstract:**OBJECTIVETo examine the effect of physical partner violence on pregnancy loss and unplanned pregnancy. DESIGNCross-sectional, self-reported questionnaire survey.SETTINGA maternity ward of a university hospital in Munich, Germany. SAMPLEWomen who gave birth within the previous seven days. METHODSThe effects of physical partner violence on pregnancy loss and unplanned pregnancy were estimated using descriptive statistics based on  $\chi^2$  tests, bivariate logistic regression and multivariate logistic regression. MAIN OUTCOME MEASURESPhysical partner violence was assessed using the Abuse Assessment Screen, information on pregnancy loss was derived from women's medical files and the assessment of pregnancy planning was based on women's self-reports. RESULTSThe survey had a response rate of 73%; 29% of the women experienced pregnancy loss, 13% reported that their last pregnancy was unplanned and 4% revealed physical violence by a current or previous partner. Physical partner violence was significantly associated with pregnancy loss (odds ratio 8.33, 95% confidence interval 2.01-34.59) and unplanned last pregnancy (odds ratio 5.03, 95% confidence interval 1.21-21.26), even after adjusting for other commonly known explanatory factors, such as number of children, women's age and women's and their partners' education level and employment, marital status, financial situation and support during pregnancy. CONCLUSIONSPhysical partner violence is an important factor in understanding pregnancy loss and unplanned pregnancy. Inquiring about the existence of intimate partner violence among these women might help to identify women in need of domestic violence services.

**Database:** Medline

**51. Maternal and foetal outcomes among pregnant women hospitalised due to interpersonal violence: a population based study in Western Australia, 2002-2008.**

**Author(s):** Meuleners, Lynn B; Lee, Andy H; Janssen, Patti A; Fraser, Michelle L

**Source:** BMC pregnancy and childbirth; Oct 2011; vol. 11 ; p. 70

**Publication Date:** Oct 2011

**Publication Type(s):** Research Support, U.s. Gov't, Non-p.h.s. Journal Article

**PubMedID:** 21989086

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**BACKGROUND Interpersonal violence is responsible for more ill-health and premature death in women under the age of 45 than other preventable health conditions, but findings concerning the effects of violence during pregnancy on both maternal and foetal health have been inconsistent. METHODS A retrospective population-based cohort study was undertaken using linked data from the Hospital Morbidity Data Collection and the Western Australian Midwives' Notification System from 2002 to 2008. The aim was to determine the association between exposure to interpersonal violence during pregnancy and adverse maternal and foetal health outcomes at the population level. RESULTS A total of 468 pregnant women were hospitalised for an incident of interpersonal violence during the study period, and 3,744 randomly selected pregnant women were included as the comparison group. The majority of violent events were perpetrated by the pregnant women's partner or spouse. Pregnant Indigenous women were over-represented accounting for 67% of all hospitalisations due to violence and their risk of experiencing adverse maternal outcomes was significantly increased compared to non-Indigenous women (adjusted odds ratio 1.53, 95% CI 1.21 to 1.95,  $p = 0.01$ ). Pregnant women hospitalised for an incident of interpersonal violence sustained almost double the risk for adverse maternal complications than the non-exposed group (95% CI 1.34 to 2.18,  $p < 0.001$ ). The overall risk for adverse foetal complications for pregnant women exposed to violence was increased two-fold (95% CI 1.50 to 2.76,  $p < 0.001$ ). CONCLUSION The risk of adverse health outcomes for both the mother and the baby increases if a pregnant woman is hospitalised for an incident of interpersonal violence during pregnancy.

**Database:** Medline

**52. Increased risk of miscarriage among women experiencing physical or sexual intimate partner violence during pregnancy in Guatemala City, Guatemala: cross-sectional study.**

**Author(s):** Johri, Mira; Morales, Rosa E; Boivin, Jean-François; Samayoa, Blanca E; Hoch, Jeffrey S; Grazioso, Carlos F; Barrios Matta, Ingrid J; Sommen, Cécile; Baide Diaz, Eva L; Fong, Hector R; Arathoon, Eduardo G

**Source:** BMC pregnancy and childbirth; Jul 2011; vol. 11 ; p. 49

**Publication Date:** Jul 2011

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 21733165

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**BACKGROUND Violence against women by their male intimate partners (IPV) during pregnancy may lead to negative pregnancy outcomes. We examined the role of IPV as a potential risk factor for miscarriage in Guatemala. Our objectives were: (1) To describe the magnitude and pattern of verbal, physical and sexual violence by male intimate partners in the last 12 months (IPV) in a sample of pregnant Guatemalans; (2) To evaluate the influence of physical or sexual IPV on miscarriage as a pregnancy outcome. METHODS All pregnant women reporting to the maternity of a major tertiary care public hospital in Guatemala City from June 1st to September 30th, 2006 were invited to participate in this cross-sectional study. The admitting physician assessed occurrence of miscarriage, defined as involuntary pregnancy loss up to and including 28 weeks gestation. Data on IPV, social and demographic characteristics, risk behaviours, and medical history were collected by interviewer-administered questionnaire. Laboratory testing was performed for HIV and syphilis. The relationship between IPV and miscarriage was assessed through multivariable logistic regression. RESULTS IPV affected 18% of the 1897 pregnant Guatemalan women aged 15-47 in this sample. Verbal IPV was most common (16%), followed by physical (10%) and sexual (3%) victimisation. Different forms of IPV were often co-prevalent. Miscarriage was experienced by 10% of the sample (n = 190). After adjustment for potentially confounding factors, physical or sexual victimisation by a male intimate partner in the last 12 months was significantly associated with miscarriage (ORadj 1.1 to 2.8). Results were robust under a range of analytic assumptions. CONCLUSIONS Physical and sexual IPV is associated with miscarriage in this Guatemalan facility-based sample. Results cohere well with findings from population-based surveys. IPV should be recognised as a potential cause of miscarriage. Reproductive health services should be used to screen for spousal violence and link to assistance.

**Database:** Medline

**53. Experiences of violence before and during pregnancy and adverse pregnancy outcomes: An analysis of the Canadian Maternity Experiences Survey**

**Author(s):** Urquia M.L.; O'Campo P.J.; Heaman M.I.; Thiessen K.R.; Janssen P.A.

**Source:** BMC Pregnancy and Childbirth; Jun 2011; vol. 11

**Publication Date:** Jun 2011

**Publication Type(s):** Article

**PubMedID:** 21649909

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

**Abstract:**Background: Abuse and violence against women constitute a global public health problem and are particularly important among women of reproductive age. The literature is not conclusive regarding the impact of violence against pregnant women on adverse pregnancy outcomes, such as preterm birth, small for gestational age and postpartum depression. Most studies have been conducted on relatively small samples of high-risk women. Our objective was to investigate what dimensions of violence against pregnant women were associated with preterm birth, small for gestational age and postpartum depression in a nationally representative sample of Canadian women. Method(s): We analysed data of the Maternity Experiences Survey, a nationally representative survey of Canadian women giving birth in 2006. The comprehensive questionnaire included a 19-item section to collect information on different dimensions of abuse and violence, such as type, frequency, timing and perpetrator of violence. The survey design is a stratified simple random sample from the 2006 Canadian Census sampling frame. Participants were 6,421 biological mothers (78% response rate) 15 years and older who gave birth to a singleton live birth and lived with their infant at the time of the survey. Logistic regression was used to compute Odds Ratios. Survey weights were used to obtain point estimates and 95% confidence intervals were obtained with the jackknife method of variance estimation. Covariate control was informed by use of directed acyclic graphs. Result(s): No statistically significant associations were found for preterm birth or small for gestational age, after adjustment. Most dimensions of violence were associated with postpartum depression, particularly the combination of threats and physical violence starting before and continuing during pregnancy (Adjusted Odds Ratio = 4.1, 95% confidence interval: 1.9, 8.9) and perpetrated by the partner (4.3: 2.1, 8.7). Conclusion(s): Our findings provide weak evidence of an association between experiences of abuse before and during pregnancy and preterm birth and small for gestational age but they indicate that several dimensions of abuse and violence are consistently associated with postpartum depression. © 2011 Urquia et al; licensee BioMed Central Ltd.

**Database:** EMBASE

**54. Contraception, reproductive health and pregnancy outcomes among women exposed to intimate partner violence in Nigeria.**

**Author(s):** Okenwa, Leah; Lawoko, Stephen; Jansson, Bjarne

**Source:** The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception; Feb 2011; vol. 16 (no. 1); p. 18-25

**Publication Date:** Feb 2011

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 21158524

Available at [The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception](#) - from Unpaywall

**Abstract:**OBJECTIVETo examine the association between reproductive health practices/outcomes and exposure to intimate partner violence (IPV) among women in Nigeria. More specifically, the association between IPV and use of contraception; miscarriages, induced abortions, stillbirths, and infant mortality; and having many children, was assessed.METHODSData on studied variables were retrieved from the Demographic and Health Surveys of Nigeria 2008, a nationally representative sample of 33,385 women of reproductive age. IPV was defined as exposure to physical, sexual or emotional abuse. The association between contraception use, pregnancy outcomes and infant mortality, and exposure to IPV was assessed using the chi-square test for unadjusted analyses. To control for potential confounding, socio-demographic variables were adjusted for using multiple logistic regression.RESULTSCompared with women not exposed to IPV, those who were, exhibited a higher likelihood of using modern forms of contraception; having a history of miscarriages, induced abortions, stillbirths, or infant mortality; and having many children. The aforementioned observations still stood after adjustment for potential confounders (e.g., demographic and socioeconomic factors).CONCLUSIONThough causal inference cannot be drawn due to the cross-sectional design, the study has important implications for incorporation of IPV detection and management in initiatives aimed at improving women's reproductive health.

**Database:** Medline

**55. Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses.**

**Author(s):** Shah, Prakesh S; Shah, Jyotsna; Knowledge Synthesis Group on Determinants of Preterm/LBW Births

**Source:** Journal of women's health (2002); Nov 2010; vol. 19 (no. 11); p. 2017-2031

**Publication Date:** Nov 2010

**Publication Type(s):** Research Support, Non-u.s. Gov't Meta-analysis Journal Article Review Systematic Review

**PubMedID:** 20919921

Available at [Journal of women's health \(2002\)](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

**Abstract:**BACKGROUND Pregnant women who experience domestic violence are at increased risk of adverse outcomes in addition to the risks to themselves. Inadequate prenatal care, higher incidences of high-risk behaviors, direct physical trauma, stress, and neglect are postulated mechanisms. Our objective was to systematically review birth outcomes among women who experienced domestic violence. METHODS Medline, Embase, CINAHL, and bibliographies of identified articles were searched for English language studies. Studies reporting rates of low birth weight, preterm birth, small for gestational age births, birth weight, or gestational age at birth were included. Study quality was assessed for selection, exposure assessment, confounder adjustment, analyses, outcomes assessment, and attrition biases. Unadjusted and adjusted data from included studies were extracted by two reviewers. Summary odds ratio (OR) and confidence intervals (CI) were calculated using the random effects model. Population-attributable risk was calculated. RESULT Thirty studies of low to moderate risk of biases were included. Low birth weight (adjusted OR 1.53, 95% CI 1.28-1.82) and preterm births (adjusted OR 1.46, 95% CI 1.27-1.67) were increased among women exposed to domestic violence. As the prevalence of reported domestic violence during pregnancy was low, the population-attributable risk was low. Prospective cohort studies provided robust and consistent results. CONCLUSIONS Maternal exposure to domestic violence was associated with significantly increased risk of low birth weight and preterm birth. Underreporting of domestic violence is hypothesized. Effective programs to identify violence and intervene during pregnancy are essential.

**Database:** Medline

## **56. Effects of intimate partner violence on pregnancy trauma and placental abruption**

**Author(s):** Leone, Janel M.; Lane, Sandra D.; Koumans, Emilia H.; DeMott, Kathy; Wojtowycz, Martha A.; Jensen, Jessica; Aubry, Richard H.

**Source:** Journal of Women's Health; Aug 2010; vol. 19 (no. 8); p. 1501-1509

**Publication Date:** Aug 2010

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**PubMedID:** 20575710

Available at [Journal of women's health \(2002\)](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of women's health \(2002\)](#) - from Unpaywall

**Abstract:** **Aims:** Intimate partner violence (IPV) during pregnancy increases women's risk of pregnancy complications and adverse birth outcomes. The goal of this study was to examine the association between IPV and prenatal trauma and placental abruption during pregnancy. **Methods:** Prenatal and hospital obstetrical charts were reviewed for 2873 women who gave birth between January 2000 and March 2002 in a Northeastern city. We examined associations among sociodemographic characteristics, health-related variables, IPV, and pregnancy trauma and placental abruption using univariate and multivariate logistic regression. **Results:** Of the 2873 women in the analyses, 105 (3.7%) reported IPV during prenatal care. After controlling for sociodemographic variables; tobacco, alcohol, and drug use; preeclampsia; and gestational diabetes during pregnancy, women who reported IPV also had higher odds of pregnancy trauma and placental abruption (adjusted odds ratio [OR] 32.08, 95% confidence interval [CI] 14.33-71.80,  $p < 0.01$ , and OR 5.17, 95% CI 1.37- 19.51,  $p < 0.05$ , respectively). **Conclusions:** This study found that IPV is a significant and independent risk factor for pregnancy trauma and placental abruption after controlling for factors typically associated with these outcomes. This study has implications for partner violence screening and intervention policies among pregnant women and highlights the importance of making distinctions about the type of IPV that women experience. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO



### 57. Effect of domestic violence on pregnancy outcome.

**Author(s):** Zareen, Nabila; Majid, Nasreen; Naqvi, Sonia; Saboohi, Sadia; Fatima, Hassan

**Source:** Journal of the College of Physicians and Surgeons--Pakistan : JCPSP; May 2009; vol. 19 (no. 5); p. 291-296

**Publication Date:** May 2009

**Publication Type(s):** Journal Article

**PubMedID:** 19409161

**Abstract:**OBJECTIVETo determine the causes and type of domestic violence endured by pregnant women and their effect on pregnancy, in terms of maternal and neonatal outcome.STUDY DESIGNCohort study.PLACE AND DURATION OF STUDYThe study was conducted in Sir Syed Trust Hospital, Karachi, from March 2007 to February 2008.METHODOLOGYAll the antenatal patients were screened for domestic violence, using a self-made questionnaire and abuse assessment screen. All the pregnant patients, who had language barrier or those who declined to be interviewed were excluded. All the pregnant patients with positive response, according to the abuse assessment screen were included in the group A, while every 4th patient with negative response was taken as control. SPSS 10 was used for statistical analysis. Logistic regression analysis was performed to determine the effect of domestic violence on delivery outcome. Relative risk was also calculated. Statistical significance was taken at p (2) 0.05.RESULTSFour hundred and ten (n=410) antenatal patients were interviewed. The factors associated with domestic violence included addiction in 32 (39%), allegedly aggressive nature of husband in 21 (25.6%) and unemployment of husband in 6 (7.31%) cases (p=0.001). Fifty two per cent women had been victims to more than one form of violence. Antenatal complications were not observed in a statistically significant number in either group. Depression was identified in 25.60% of group A and in 3.65% of group B (p=0.001; RR=2.01; 95%CI=1.58-2.56).CONCLUSIONVarious factors leading to domestic violence were identified among the husbands of women subjected to violence during pregnancy. The differences between the two groups, with regard to neonatal outcome (except depression), did not reach statistical significance. However, depression was significantly higher in the women enduring violence.

**Database:** Medline

### 58. Intimate partner violence and its implication for pregnancy.

**Author(s):** Chambliss, Linda R

**Source:** Clinical obstetrics and gynecology; Jun 2008; vol. 51 (no. 2); p. 385-397

**Publication Date:** Jun 2008

**Publication Type(s):** Journal Article Review

**PubMedID:** 18463468

Available at [Clinical obstetrics and gynecology](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

**Abstract:**Intimate partner violence (IPV) is a common occurrence in pregnancy and results in an increased risk of adverse outcomes. Homicide may be the most common cause of maternal death. Women who are pregnant and the victims of IPV have high rates of stress, are more likely to smoke or use other drugs, deliver a preterm or low birth weight infant, have an increase in infectious complications, and are less likely to obtain prenatal care. The IPV continues in the postpartum period. Adolescents may be at even higher risk than their adult counterparts. Children raised in violent homes have both immediate and life long adverse health outcomes as a result of their exposure to IPV. IPV adds substantially to healthcare costs both for direct services to treat the injuries and higher utilization of a wide range of healthcare services. Healthcare providers,

particularly those who care for pregnant women, are in a unique position to identify these women and direct them and their families to the help they need to end the violence in their lives.

**Database:** Medline

**59. The impact of intimate partner violence on women's reproductive health and pregnancy outcome.**

**Author(s):** Sarkar, N N

**Source:** Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Apr 2008; vol. 28 (no. 3); p. 266-271

**Publication Date:** Apr 2008

**Publication Type(s):** Journal Article Review

**PubMedID:** 18569465

**Abstract:**The aim of this study was to evaluate and elucidate the impact of intimate partner violence (IPV) on women's reproductive health and pregnancy outcomes taking into account data from various countries. The search of the literature was made in MEDLINE database service for the years 2002-2008. Original articles, reviews, surveys, clinical trials and investigations pertinent to the theme were considered for this review. The lifetime physical or sexual IPV or both varied from 15% to 71% in many countries. Adolescent violence, negative emotionality and quality of the relationship with the intimate partner were associated with genesis of IPV, besides demographic, social and structural difference in attitudes. IPV affected woman's physical and mental health, reduced sexual autonomy, increased risk for unintended pregnancy and multiple abortions. Risk for sexual assault decreased by 59% or 70% for women contacting the police or applying for a protection order, respectively. Quality of life of IPV victims was found significantly impaired. Women battered by IPV reported high levels of anxiety and depression that often led to alcohol and drug abuse. Violence on pregnant women significantly increased risk for low birth weight infants, pre-term delivery and neonatal death and also affected breast-feeding postpartum. Women preferred an active role to be played by healthcare providers in response to IPV disclosure. Gynaecologists reported interventions for the patient disclosing IPV and provided treatment for their physical and emotional complaints. Educating and empowering women and upgrading their socioeconomic status may abate the incidence of IPV. Women should also seek protection against IPV.

**Database:** Medline

## **60. Intimate partner violence and the childbearing year: Maternal and infant health consequences**

**Author(s):** Sharps, Phyllis W.; Laughon, Kathryn; Giangrande, Sandra K.

**Source:** Trauma, Violence, & Abuse; Apr 2007; vol. 8 (no. 2); p. 105-116

**Publication Date:** Apr 2007

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**PubMedID:** 17545568

**Abstract:**Intimate partner violence (IPV) against women is a significant public health problem with negative physical and mental health consequences. Pregnant women are not immune to IPV, and as many as 4% to 8% of all pregnant women are victims of partner violence. Among pregnant women, IPV has been associated with poor physical health outcomes such as increased sexually transmitted diseases, preterm labor, and low-birth-weight infants. This article focuses on the physical health consequences of IPV for mothers and their infants. The purpose of this review is therefore to examine timely research ranging from 2001 to 2006 on IPV during pregnancy, the morbidity and mortality risks for mothers and their infants, and the association between IPV and perinatal health disparities. It will also identify gaps in the published empirical literature and make recommendations for practice, policy, and research. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

## **61. Effects of domestic violence on perinatal and early-childhood mortality: evidence from north India.**

**Author(s):** Ahmed, Saifuddin; Koenig, Michael A; Stephenson, Rob

**Source:** American journal of public health; Aug 2006; vol. 96 (no. 8); p. 1423-1428

**Publication Date:** Aug 2006

**Publication Type(s):** Research Support, N.i.h., Extramural Journal Article

**PubMedID:** 16809594

Available at [American journal of public health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [American journal of public health](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American journal of public health](#) - from PubMed

**Abstract:**OBJECTIVEWe examined the effect of physical violence during pregnancy on perinatal and early-childhood mortality.METHODSWe estimated the prevalence of domestic violence during pregnancy among a population-based sample of 2199 women in Uttar Pradesh, India. We used a survival regression model to examine the risks for perinatal, neonatal, postneonatal, and early-childhood (aged 1-3 years) mortality by mother's exposure to domestic violence, after we controlled for other sociodemographic and maternal health behavior risk factors.RESULTSEighteen percent of the women in our study experienced domestic violence during their last pregnancy. After we adjusted for other risk factors, births among mothers who had experienced domestic violence had risks for perinatal and neonatal mortality that were 2.59 (95% confidence interval [CI]=1.35, 4.95) and 2.37 (95% CI=1.21, 4.62) times higher, respectively, than births among mothers who had not experienced violence. We found no significant associations between domestic violence and either postneonatal or early-childhood mortality.CONCLUSIONSDomestic violence is a significant risk factor for perinatal and neonatal mortality.

**Database:** Medline

## **62. A prospective observational study of domestic violence during pregnancy.**

**Author(s):** Yost, Nicole P; Bloom, Steven L; McIntire, Donald D; Leveno, Kenneth J

**Source:** Obstetrics and gynecology; Jul 2005; vol. 106 (no. 1); p. 61-65

**Publication Date:** Jul 2005

**Publication Type(s):** Comparative Study Journal Article

**PubMedID:** 15994618

Available at [Obstetrics and gynecology](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

**Abstract:**OBJECTIVETo assess whether women reporting domestic violence are at increased risk for adverse pregnancy outcomes.METHODSA screening questionnaire, previously validated for the identification of female victims of domestic violence, was offered to women presenting to our Labor and Delivery Unit. The survey prompted women to indicate whether her partner or family member physically hurt her, insulted or talked down to her, threatened her with harm, or screamed or cursed at her. The primary study outcome was to detect a 3-fold increase in low birth weight infants (< or = 2,500 g) in women reporting physical abuse, compared with those not reporting domestic violence.RESULTSA total of 16,041 women were approached to be interviewed. Of these, 949 (6%) women responded affirmatively to one or more of the survey questions, and another 94 (0.6%) declined to be interviewed. The incidence of low birth weight infants was significantly increased in women who reported verbal abuse, compared with the no-abuse group (7.6% versus 5.1%, respectively,  $P = .002$ ). Physical abuse was associated with an increased risk of neonatal death (1.5% versus 0.2%,  $P = .004$ ). Interestingly, women who declined to be interviewed had significantly increased rates of low birth weight infants (12.8% versus 5.1%,  $P < .001$ ), preterm birth at 32 weeks of gestation or less (5.3% versus 1.2%,  $P = .002$ ), placental abruptions (2.1% versus 0.2%,  $P < .001$ ), and neonatal intensive care admissions (7.4% versus 2.2%,  $P = .008$ ) when compared with women in the no-abuse group, respectively.CONCLUSIONWomen who declined to be surveyed regarding domestic violence were at increased risk for adverse pregnancy outcome.LEVEL OF EVIDENCEII-2.

**Database:** Medline

## **63. Intimate partner violence and birth outcomes: a systematic review.**

**Author(s):** Boy, Angie; Salihu, Hamisu M

**Source:** International journal of fertility and women's medicine; 2004; vol. 49 (no. 4); p. 159-164

**Publication Date:** 2004

**Publication Type(s):** Journal Article Review Systematic Review

**PubMedID:** 15481481

**Abstract:**OBJECTIVEThere is a lack of comprehensive information on the relationship between domestic physical and emotional violence and pregnancy outcomes. Accordingly, we undertook this systematic review of the literature to examine the evidence on the association between physical and emotional abuse and pregnancy outcomes.STUDY DESIGN AND METHODA comprehensive literature search was carried out using pertinent key words that would retrieve any research article pertaining to the topic. This was supplemented by cross-referencing of the articles. A total of 296 articles were found; case reports and articles that failed to satisfy the study inclusion criteria were removed and 30 articles were included in the review.RESULTSOverall, adverse pregnancy outcomes, including low birth weight, maternal mortality and infant mortality are significantly more likely among abused than nonabused mothers. Abused pregnant mothers present more often than nonabused mothers with kidney infections, gain less weight during pregnancy, and are more likely to undergo operative delivery. Fetal morbidity, such as low birth weight, preterm delivery, and small size for gestational

age are more frequent among abused than nonabused gravidas. The risk for maternal mortality is three times as high for abused mothers. Black abused mothers are 3-4 times as likely to die as their white counterparts. Unmarried victims are also three times as likely to die as married abused mothers. Intimate partner violence is also responsible for increased fetal deaths in affected pregnancies (about 16.0 per 1000). **CONCLUSION** Intimate partner violence is often a life-threatening event to both the mother and the fetus. This, in addition to the heightened level of feto-maternal morbidity and mortality, represents clear-cut justification for routine systematic screening for the presence of abuse during pregnancy.

**Database:** Medline

#### **64. Partner violence during pregnancy and risk of adverse pregnancy outcomes.**

**Author(s):** Coker, Ann L; Sanderson, Maureen; Dong, Beili

**Source:** Paediatric and perinatal epidemiology; Jul 2004; vol. 18 (no. 4); p. 260-269

**Publication Date:** Jul 2004

**Publication Type(s):** Journal Article Research Support, U.s. Gov't, P.h.s.

**PubMedID:** 15255879

Available at [Paediatric and perinatal epidemiology](#) - from Wiley Online Library

**Abstract:** The purpose of this cross-sectional study was to investigate the association between partner physical or emotional abuse during pregnancy and pregnancy outcomes including perinatal death, low birthweight and preterm delivery. Women, aged 18-65, who attended one of two large primary care practices from 1997-98 were recruited for this study. Ever pregnant women were asked the frequency of abuse during each pregnancy and details of the pregnancy outcomes. Information regarding abuse during pregnancy and pregnancy outcomes was available for 755 women surveyed who reported a live birth or late fetal death, 14.7% indicated that an intimate partner was violent or abusive toward them during a pregnancy (274 of 1862 pregnancies). Abuse during pregnancy was significantly associated with an increased risk of perinatal death (adjusted relative risk [aRR] = 2.1, 95% confidence interval [CI] 1.3, 3.4) and, among live births, with preterm low birthweight (aRR = 2.4; 95% CI 1.5, 4.0) and term low birthweight (aRR = 1.9; 95% CI 1.0, 3.4). Greater abuse frequency was associated with increased risk. Abuse during pregnancy was associated with perinatal deaths and preterm low birthweight deliveries.

**Database:** Medline

**65. Intimate partner violence and adverse pregnancy outcomes: a population-based study.**

**Author(s):** Janssen, Patricia A; Holt, Victoria L; Sugg, Nancy K; Emanuel, Irvin; Critchlow, Cathy M; Henderson, Angela D

**Source:** American journal of obstetrics and gynecology; May 2003; vol. 188 (no. 5); p. 1341-1347

**Publication Date:** May 2003

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 12748509

**Abstract:**OBJECTIVEThe purpose of this study was to measure the prevalence of exposure to intimate partner violence during pregnancy and to determine whether such exposure is associated with adverse pregnancy outcomes.STUDY DESIGNWe measured the prevalence of exposure to intimate partner violence and fear of a partner during pregnancy among 4750 residents of Vancouver, British Columbia, who gave birth between January 1999 and December 2000. We undertook a multivariate analysis to examine the associations with second- or third-trimester hemorrhage, preterm labor and delivery, intrauterine growth restriction, and perinatal death.RESULTSWe report a prevalence rate of 1.2% for exposure to physical violence by an intimate partner during pregnancy and 1.5% for fear of a partner. Physical violence was associated with an increased risk of antepartum hemorrhage (adjusted odds ratio [OR]: 3.79, 95% CI 1.38-10.40), intrauterine growth restriction (OR: 3.06, 95% CI 1.02-9.14), and perinatal death (OR: 8.06, 95% CI 1.42-45.63). Fear of a partner in the absence of physical violence was not associated with an elevated risk of adverse pregnancy outcomes.CONCLUSIONOur study confirms prior work reporting an association of physical abuse during pregnancy with intrauterine growth retardation and, in addition, reports an association with antepartum hemorrhage and perinatal death.

**Database:** Medline

**66. A prospective cohort study of the impact of domestic violence on young teenage pregnancy outcomes**

**Author(s):** Quinlivan J.A.; Evans S.F.

**Source:** Journal of Pediatric and Adolescent Gynecology; 2001; vol. 14 (no. 1); p. 17-23

**Publication Date:** 2001

**Publication Type(s):** Article

**PubMedID:** 11358702

**Abstract:**Introduction: The incidence of domestic violence among pregnant Australian teenagers is higher than rates reported for the general community. However, there are limited data that address the impact of this abuse upon pregnancy outcome. We have examined the significant antenatal associations of domestic violence in young teenage pregnancy, and the impact of this abuse upon pregnancy outcome. Design, Setting, Participants: A multicenter prospective cohort study was performed between January 1, 1997 and June 30, 1999. Patients were interviewed and completed questionnaires in the antenatal period to establish whether they were victims of domestic violence. Labor and delivery details were independently collated after discharge for mother and infant. Data were analyzed using an analysis of variance, with a P-value of 0.05 considered significant. Result(s): Of 537 patients enrolled in the study, 157 (29.2%) were victims of domestic violence; 380 (70.8%) were not and acted as pregnant teenage controls. Key findings were that teenage victims of domestic violence (VDV) were more likely to smoke, drink alcohol, or use illegal drugs than controls ( $P < 0.0001$ ). VDV had a higher incidence of infectious morbidity and Pap smear abnormalities ( $P < 0.007$ ) and psychosocial pathology ( $P < 0.0001$ ) than controls. A higher incidence of puerperal and neonatal morbidity was observed in VDV and their newborns compared to controls ( $P < 0.007$ ). The

estimated cost of hospital care for teenage VDV was double that of the Australian average.  
Conclusion(s): We need to identify all teenage mothers exposed to domestic violence and provide them with expert intervention services. Early intervention programs are likely to be cost effective.

**Database:** EMBASE

**67. Abuse: a risk factor for low birth weight? A systematic review and meta-analysis.**

**Author(s):** Murphy, C C; Schei, B; Myhr, T L; Du Mont, J

**Source:** CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne; May 2001; vol. 164 (no. 11); p. 1567-1572

**Publication Date:** May 2001

**Publication Type(s):** Research Support, Non-u.s. Gov't Meta-analysis Journal Article Systematic Review

**PubMedID:** 11402794

Available at [CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne](#) - from PubMed

**Abstract:**BACKGROUND Abuse during pregnancy is considered to be a potentially modifiable risk factor for low birth weight (LBW). We conducted a systematic review and meta-analysis to determine the strength of association between physical, sexual or emotional abuse during pregnancy and LBW. METHODS We selected papers for review from an electronic search of MEDLINE (1966-1999), CINAHL (1982-1997) and the Cochrane Library. We retrieved articles using the following MeSH headings and keywords: "infant low birth weight," "fetus," "perinatal care," "pregnancy," "prenatal care," "infant mortality," "violence," "battered women," "spouse abuse," "infant morbidity," "antenatal" and "neonatal." When necessary, we contacted authors to obtain data that were not included in the published material. We analyzed the methodological quality of each eligible study and selected those of the highest quality for meta-analysis. RESULTS We reviewed 14 studies, of which 8 were selected for meta-analysis. Using a fixed-effects model, we found that women who reported physical, sexual or emotional abuse during pregnancy were more likely than nonabused women to give birth to a baby with LBW (odds ratio 1.4, 95% confidence interval 1.1-1.8). INTERPRETATION Abuse may be part of a complex interaction of factors that contribute to LBW.

**Database:** Medline

**68. Domestic violence during pregnancy. The prevalence of physical injuries, substance use, abortions and miscarriages.**

**Author(s):** Hedin, L W; Janson, P O

**Source:** Acta obstetricia et gynecologica Scandinavica; Aug 2000; vol. 79 (no. 8); p. 625-630

**Publication Date:** Aug 2000

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 10949224

Available at [Acta obstetricia et gynecologica Scandinavica](#) - from Wiley Online Library

**Abstract:**BACKGROUNDThe aim of this study was to estimate the prevalence of physical injuries, alcohol and tobacco use, abortions and miscarriages due to domestic violence during pregnancy and to compare socio-economic background factors between abused and non abused women.METHODPersonal interview combined with a standardized questionnaire involving 207 pregnant Swedish born women married to or cohabiting with Swedish born men. The women were consecutively chosen from three different antenatal clinics in Göteborg, Sweden.RESULTSOverall 30 women were abused during the current pregnancy as defined from the category 'symbolic violence' in the Severity of Violence Against Women Scale (SVAW). The most frequent targets for physical abuse were: the upper arm, the forearm, and the face and neck region. Ninety-five percent of women abused during pregnancy had been abused prior to the pregnancy. Notable was the finding that 4.3% of the pregnant women had been exposed to serious violence. Abused women were significantly younger and single, had lower income and education compared to the non abused women. In the group of abused women a higher proportion of women had undergone one or more abortions than in the non-abused group. Smoking and alcohol use among partners were strongly correlated with physical and sexual abuse.CONCLUSIONSThe results suggest that in antenatal and obstetric clinics, emphasis should be focused on previous history of abuse and a complete physical examination of the women. Since bruises often were located at hidden areas of the body, it is of importance to scrutinize those sites as part of a routine examination. It is also important to look for common defensive marks on the forearms. The partner's cigarette and alcohol use is also an important piece of information regarding risk factors connected to domestic violence.

**Database:** Medline



**69. Violence and reproductive health: current knowledge and future research directions.**

**Author(s):** Gazmararian, J A; Petersen, R; Spitz, A M; Goodwin, M M; Saltzman, L E; Marks, J S

**Source:** Maternal and child health journal; Jun 2000; vol. 4 (no. 2); p. 79-84

**Publication Date:** Jun 2000

**Publication Type(s):** Journal Article Review

**PubMedID:** 10994575

Available at [Maternal and child health journal](#) - from SpringerLink - Medicine

Available at [Maternal and child health journal](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**OBJECTIVESDespite the scope of violence against women and its importance for reproductive health, very few scientific data about the relationship between violence and reproductive health issues are available.METHODSThe current knowledge base for several issues specific to violence and reproductive health, including association of violence with pregnancy, pregnancy intention, contraception use, pregnancy terminations, and pregnancy outcomes, are reviewed and suggestions are provided for future research.RESULTSDespite the limitations of current research and some inconclusive results, the existing research base clearly documents several important points: (1) violence occurs commonly during pregnancy (an estimated 4%-8% of pregnancies); (2) violence is associated with unintended pregnancies and may be related to inconsistent contraceptive use; and (3) the research is inconclusive about the relationship between violence and pregnancy outcomes.CONCLUSIONSImproved knowledge of the risk factors for violence is critical for effective intervention design and implementation. Four areas that need improvement for development of new research studies examining violence and reproductive-related issues include (1) broadening of study populations, (2) refining data collection methodologies, (3) obtaining additional information about violence and other factors, and (4) developing and evaluating screening and intervention programs. The research and health care communities should act collaboratively to improve our understanding of why violence against women occurs, how it specifically affects reproductive health status, and what prevention strategies may be effective.

**Database:** Medline

## **70. The effects of physical abuse on pregnancy outcomes in a low-risk obstetric population.**

**Author(s):** Jagoe, J; Magann, E F; Chauhan, S P; Morrison, J C

**Source:** American journal of obstetrics and gynecology; May 2000; vol. 182 (no. 5); p. 1067-1069

**Publication Date:** May 2000

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 10819829

**Abstract:**OBJECTIVEThis study was undertaken to evaluate the impact of physical abuse on pregnancy outcomes.STUDY DESIGNThis prospective investigation identified all women seen in the outpatient obstetric clinic with a history of physical abuse and matched each with the next 2 women seen without a history of physical abuse (case/control ratio, 1:2).RESULTSTwenty-eight abused women were matched with 56 control subjects. The frequencies of preterm birth, mode of delivery, Apgar scores <7 at 5 minutes, umbilical artery pH <7.10 at birth, and unhappy or ambivalent feelings about the pregnancy were not statistically different between the 2 groups. Admission to the neonatal intensive care unit was more common among infants of the abused women (n = 4 [14.2%] vs n = 2 [3.6%]), despite heavier birth weights in the abused group (3501 +/- 581 g vs 3200 +/- 549 g; P = .023), but this trend did not reach significance.CONCLUSIONA history of physical abuse did not result in adverse pregnancy outcomes, although neonatal intensive care unit admission was more likely.

**Database:** Medline

## **71. Physical violence during pregnancy: Maternal complications and birth outcomes**

**Author(s):** Cokkinides V.E.; Coker A.L.; Sanderson M.; Addy C.; Bethea L.

**Source:** Obstetrics and Gynecology; May 1999; vol. 93 (no. 5); p. 661-666

**Publication Date:** May 1999

**Publication Type(s):** Article

**PubMedID:** 10912963

Available at [Obstetrics and gynecology](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

**Abstract:**Objective: To assess the association between physical violence during the 12 months before delivery and maternal complications and birth outcomes. Method(s): We used population-based data from 6143 women who delivered live-born infants between 1993 and 1995 in South Carolina. Data on women's physical violence during pregnancy were based on self-reports of 'partner-inflicted physical hurt and being involved in a physical fight.' Outcome data included maternal antenatal hospitalizations, labor and delivery complications, low birth weights, and preterm births. Odds ratios, and 95% confidence intervals were calculated to measure the associations between physical violence, maternal morbidity, and birth outcomes. Result(s): The prevalence of physical violence was 11.1%. Among women who experienced physical violence, 54% reported having been involved in physical fights only and 46% had been hurt by husbands or partners. In the latter group, 70% also reported having been involved in fighting. Compared with those not reporting physical violence, women who did were more likely to deliver by cesarean and be hospitalized before delivery for maternal complications such as kidney infection, premature labor, and trauma due to falls or blows to the abdomen. Conclusion(s): Physical violence during the 12 months before delivery is common and is associated with adverse maternal conditions. The findings support the need for research on how to screen for physical violence early in pregnancy and to prevent its consequences.

**Database:** EMBASE

## Strategy 792556

#	Database	Search term	Results
1	Medline	("domestic violence" OR "intimate partner violence" OR "domestic abuse" OR "spous* abuse").ti,ab	12490
2	Medline	exp "DOMESTIC VIOLENCE"/	43308
3	Medline	(1 OR 2)	48443
4	Medline	((pregnancy OR birth*) ADJ2 outcome*).ti	10948
5	Medline	exp "PREGNANCY OUTCOME"/	87274
6	Medline	(4 OR 5)	90514
7	Medline	(3 AND 6)	263
8	EMBASE	("domestic violence" OR "intimate partner violence" OR "domestic abuse" OR "spous* abuse").ti,ab	14115
9	EMBASE	exp "DOMESTIC VIOLENCE"/	58638
10	EMBASE	(8 OR 9)	59948
11	EMBASE	((pregnancy OR birth*) ADJ2 outcome*).ti	14084
12	EMBASE	exp "PREGNANCY OUTCOME"/	56824
13	EMBASE	(11 OR 12)	60675
14	EMBASE	(10 AND 13)	359
15	EMBASE	(conference OR note OR comment OR letter).pt	6347327

16	EMBASE	14 not 15	309
17	EMBASE	16 [English language]	300
18	PsycINFO	("domestic violence" OR "intimate partner violence" OR "domestic abuse" OR "spous* abuse").ti,ab	16949
19	PsycINFO	exp "DOMESTIC VIOLENCE"/	11241
20	PsycINFO	exp "INTIMATE PARTNER VIOLENCE"/	11276
21	PsycINFO	(18 OR 19 OR 20)	24031
22	PsycINFO	((pregnancy OR birth*) ADJ2 outcome*).ti	872
23	PsycINFO	exp "PREGNANCY OUTCOMES"/	20822
24	PsycINFO	(22 OR 23)	21068
25	PsycINFO	(21 AND 24)	122